CYPRESS FAIRBANKS
INDEPENDENT SCHOOL DISTRICT
LEARN • EMPOWER • ACHIEVE • DREAM

SCHOOL ABSENCE NOTE

Please explain why your child was absent and return this form to the school within three days.

Please excuse _____

Student's First and Last name

from school on _____ .

Month/Day(s)/Year

My child was absent because of (check one):

- ☐ Illness
- ☐ Doctor or Dentist Appointment

Other: _____

_____

_____

_____

_____

_____ _____/_____/_____

Parent/Guardian Signature ***Today's Date***

FOR OFFICE USE ONLY

Date Received: _____/_____/_____

Attendance Secretary entered in eSchool as: Excused Unexcused _____

Circle One ***Initials***