



School Name \_\_\_\_\_

# CLASS EXCUSED FORM

For Class Excused (CLS) Only

DATE: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

TIME EXCUSED FROM CLASS: \_\_\_\_\_ to \_\_\_\_\_

The student was:

- with the counselor and/or social worker
- with an authorized service provider
- with a school administrator
- with the school nurse
- other: \_\_\_\_\_

RESPONSIBLE STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ONCE COMPLETED, RETURN TO THE ATTENDANCE OFFICE**

For Attendance Office Use Only:

Student Number: \_\_\_\_\_

Date Entered into IC: \_\_\_\_\_ Entered by: \_\_\_\_\_

***PLEASE PLACE SIGNED COPY IN STUDENT'S ATTENDANCE FOLDER.***