

SCHOOL: _____

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 UPLOAD SIGNED COPY TO STUDENT'S ATTENDANCE REPOSITORY.