

MOHAWK LOCAL SCHOOLS Attendance Exemption Form

(Must be returned to school office no later than (3) school days after returning to school)

Student Name _____ Grade _____
Building _____

_____ Medical Illness – 3 or more consecutive school days (Doctor’s excuse required)

_____ Extenuating Circumstance – 3 or more consecutive school days (Must be followed by parent visitation)

* Each of the above situations will NOT count against student attendance total.

Explain reason or purpose of above absence(s):

List dates student was absent:

Parent Signature

Date

(Office Use Only)

Parent contacted principal on _____(date), ___ in person or ___ by phone to explain reason for student absence(s).

_____ Approved

_____ Unapproved

Signature of Principal

Date