Williamsburg Community School District
Attendance Excuse Form
Williamsburg Jr./Sr. High School (814)832-2125

Student Name (First & Last):_____Grade:_____Date:_____

☐ **Is late due to:**

☐ Illness

☐ Doctor Appointment ☐ Dental Appointment

☐ Other _____

☐ **Was absent on:** _____ due to:

☐ Illness

☐ Doctor Appointment ☐ Dental Appointment

☐ Other _____

☐ **Early Dismissal** - will be picked up by_____at_____a.m./p.m. due to:

☐ Doctor Appointment ☐ Dental Appointment

☐ Family Emergency

Will return to school? ☐ Yes ☐ No

☐ Other _____

Parent/Guardian Name (print):_____

Signature:_____

Phone number where you can be reached:_____

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