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### EXCUSE FOR SCHOOL ABSENCE

STUDENT'S NAME: \_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_\_\_

Please check (☒) one of the following:

- Illness/Injury - **If absent 3 days or more, doctor's note is required to return to school**
- Death or illness in the family
- Religious observance
- Weather or impassable roads
- Busing – missed or did not pick up
- Doctor's appointment – **Verification of appointment needed from doctor**
- Hospitalization – **Verification from doctor stating child can return to school and is clear to participate in all related services and activities**

OTHER: \_\_\_\_\_

I CERTIFY THAT THE EXCUSE CHECKED IS THE REASON THE STUDENT NAMED ABOVE WAS ABSENT ON THE DATE(S) NOTED.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Received in main office (date and initials): \_\_\_\_\_