Absence Verification Form

District policy states parents and guardians have three school days from the date of an absence to provide an excuse. Failure to complete this form will result in the absence, check-out, or tardy remaining unexcused.

TODAY'S DATE: _______/_________/_______

STUDENT'S NAME: _______________________________________ Student ID Number:_____________

Date(s) of absence: _____/_____/_______ Check in documentation is attached: _______________

Reason for absence:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Parent SIGNATURE: ____________________________________________________________

Contact Number: ________________________

Each absence must be explained. Parents/guardians are responsible for providing notification within three (3) days of the students' return to school, or the absence will result in an unexcused absence. Notification should include the student's name, the date(s) the student was absent, the reason for the absence, and a parent/guardian signature. At the elementary level, parents/guardians are responsible for providing written, signed documentation of the reason for the absence upon the student's return to school. At the secondary level, the school requires the parent/guardian to provide the signed written notice, or a medical excuse, within three (3) days upon the students return to school.

Students who check in or out of school for medical (dental appointments must provide documentation from the medical professional upon returning-to school in order for the absence to be excused.

Please contact Mrs. Francis at 876-7304 or at jfrancis@ecsdfl.us with any questions.
West Florida High School Fax: 850.471.6019