



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Absence Verification Form

District policy states parents and guardians have three days from the date of an absence to provide an excuse.

Today's date: ____/____/____

Student name: _____

Student ID number: _____

Absence: _____

Check-in: _____

Check-out: _____

(CHECK APPROPRIATE ONE)

Date(s) of absence: _____

Check if documentation attached

Reason for absence:

Check-in: _____

Time: _____

Check-out: _____

Time: _____

(Parent/guardian signature and contact number please print)