Franklin Regional Middle School
Parental Absence Excuse Form

Student Name: ____________________________  ______________        Grade: ___________

[ ] Absence Date(s): __________  [ ] Tardy Date(s):__________  [ ] Early Dismissal Date(s):__________
   Early Dismissal Time: __________

Pennsylvania State Law requires an explanation from the parent for each absence or late arrival. Please state the reason for your child’s absence below:

Reason(s): [ ] Cold/Flu__________  ___________             [ ] Dr. Appt.___________________________________
            [ ] Headache_________________ __            [ ] Fever______________________________________
            [ ] Concussion____________________            [ ] Other______________________________________

Parent Name (printed): ____________________________  ______________

Parent Signature (ink): _________________________________________________  Date: ___________________
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For Office Use Only:
Absence Date(s): _______ Tardy Date(s): _______ Early Dismissal Date(s): _______

NOTES: ________________________________________________________________________
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