

MARVIN RIDGE HIGH



ABSENCE FORM

Today's Date: _____

Student Name: _____

Date of Absence: _____

SELECT REASON FOR ABSENCE:

Sick: _____ (doctor note may be required)

Funeral/Death in Family: _____ (Please specify which type of relative) _____

Religious Observation: _____ (Please specify which observance) _____

Other Reason: _____

FURTHER DOCUMENTATION REQUIRED FOR:

Dr. Appt.: _____ (note from doctor required to be excused) can be faxed to 980-341-4985

Court or Military Appearance: _____ (Attach court/military documentation)

Additional information regarding absence:

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Parent/Guardian email address: _____

(This form is considered a parent note and assists staff in ensuring that absence information is recorded correctly. Please write legibly.)

**Any questions? Please contact MRHS at (704) 290-1520 or
melissa.king@ucps.k12.nc.us**