

PVHS Absentee Form

Student ID: _____

Please submit this form to the Main Office *within 48 hours* of return to school

Student Name: _____ **Grade:** _____

Dates Absent: _____

A doctors note is required for all medical appointments during school hours.

Explanation for absence: _____

Parent Name (print): _____

Parent Signature: _____ **Date:** _____

For Office use only:

Administrator Signature: _____ **EXCUSED UNEXCUSED**