

PINELLAS COUNTY SCHOOLS  
VPK EXCUSED ABSENCE FORM

CHILD'S NAME: \_\_\_\_\_

DATE(S) ABSENT: \_\_\_\_\_

REASON FOR MY CHILD'S ABSENCE: *(Check One)*

\_\_\_\_\_ *Illness*

\_\_\_\_\_ *Doctor Appointment*

\_\_\_\_\_ *Dentist Appointment*

\_\_\_\_\_ *Infectious Disease*

\_\_\_\_\_ *Funeral Service*

\_\_\_\_\_ *Compliance with Court Order*

\_\_\_\_\_ *Special Education Related Services*

\_\_\_\_\_ *Observation of a Religious Holiday/Service*

\_\_\_\_\_ *Vacation Day (Limit of 5 for the year)*

ADDITIONAL PARENT COMMENTS: *(This section is not required to be completed.)*

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**PLEASE NOTE:** Absences beyond 5 per month must be documented by a third party such as a doctor, physician, religious leader, military superior, hospital discharge paperwork, etc. Please attach the documentation.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date Signed*