

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.)*

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