

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 10 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*