

D.C. EVEREST AREA SCHOOL DISTRICT
6300 Alderson St. - Weston, WI 54476

STUDENT NAME _____ GRADE _____

PARENT _____ PHONE _____

ADDRESS _____ BUILDING _____

Please excuse my child from school for a total of _____ days from _____ to _____

Reason for absense _____

<u>COURSE</u>	<u>PASSING</u>	<u>FAILING</u>	<u>TEACHER SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I _____ agree to complete all work missed during the time of my absence.

_____ Student Signature

_____ Parent Signature

_____ Date

This student has indicated compliance with board policy and the absence will be considered excused when all work has been completed.

_____ Date _____ Principal's Signature

All work has been completed. Yes _____ No _____

Exhibit Approved: 8/10/82
Exhibit Approved: 2/03/09

SCHOOL BOARD
D.C. Everest Area School District
6300 Alderson Street
Weston, Wisconsin 54476