



**OFFICE OF THE ASSISTANT PRINCIPAL
FOR STUDENT AFFAIRS**

ABSENCE/TARDINESS EXCUSE FORM

DATE FILED : _____

| | | | |
|------|--|-----------------|--|
| NAME | | GRADE & SECTION | |
|------|--|-----------------|--|

| | | | |
|---------------|--|----------------------------|--|
| DATE/S ABSENT | | REASON/S FOR THE ABSENCE/S | |
|---------------|--|----------------------------|--|

| | | | |
|--------------|--|--------------------------|--|
| DATE/S TARDY | | REASON/S FOR BEING TARDY | |
| TIME IN : | | | |

CERTIFIED TRUE AND CORRECT:

Signature Over Printed Name of Parent/Guardian
Telephone Number (s) : _____

Action Taken:

| | | |
|--|---------------------------------------|---|
| | Excused | Advised by the Clinic to go home () a.m. () p.m. Time: () |
| | Unexcused | Parent/s will be invited for a conference |
| | W/ official medical certification | Half day () a.m. () p.m. Time in: () |
| | W/ out official medical certification | For Verification |
| | To submit a medical certification | Others: |

Note: Please read the important reminders at the back.