

# Hinds County School District

## Excused Absence Parental Verification Form

Today's Date: \_\_\_\_\_ School \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ was absent the date(s)  
of \_\_\_\_\_.

The reason for their absence was:

\_\_\_\_\_ Personal Illness that did not require a doctor visit.  
(Note: This type of absence may not exceed 5 per semester.)

\_\_\_\_\_ Special Permission from the Principal

\_\_\_\_\_ Special Permission from the Superintendent

Respectfully,

**Signature**

Of Parent or Legal Guardian: \_\_\_\_\_

**Printed Name**

Of Parent or Legal Guardian: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be submitted within 48 hours of the absence.**