

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.

Updated: August 2015