

Parent Consent Form for Student Absence

Please complete this form to authorize your child's absence from school. Print the completed form, sign it, and submit it to the school administration office.

Student Information

Student Full Name:

Grade / Class:

School Name:

Absence Details

First Day of Absence:

Last Day of Absence:

Reason for Absence:

Parent / Guardian Consent

I certify that I am the parent or legal guardian of the student named above and that I authorize this absence.

Parent/Guardian Full Name:

Contact Phone Number:

Email Address:

Parent/Guardian Signature (Sign after printing):

Date Signed: