

# Chambersburg

A R E A  S C H O O L D I S T R I C T

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(First and Last)

(Check Applicable)

Was absent on \_\_\_\_\_  
Due to \_\_\_\_\_  
\_\_\_\_\_

Is late due to \_\_\_\_\_  
\_\_\_\_\_

Will be picked up by \_\_\_\_\_  
At \_\_\_\_\_ AM/PM, for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Death in Family (relationship) \_\_\_\_\_  
\_\_\_\_\_

(OTHER) \_\_\_\_\_  
\_\_\_\_\_

If doctor's note is required, please attach it to this form.

*\*Reminder: Educational Trip Forms need to be completed for all educational leave. The form should be filled out and submitted to your child's school ten days prior to student departure.*

Parent/Guardian Signature:

\_\_\_\_\_