



WARDS CREEK ELEMENTARY

6555 State Road 16
St. Augustine, FL 32092

Date:

Please excuse _____ from school on _____
due to:

- | | |
|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Family Emergency |
| <input type="checkbox"/> Doctor's Appt. | <input type="checkbox"/> Dentist Appt. |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vacation (from _____ | until _____) |

Student Name

Teacher's Name

Grade

Parent Signature