

EXCUSE FORM
WEST CHESTER AREA SCHOOL DISTRICT

Name of School _____

Room _____

Teacher _____

Name of Pupil _____

Date(s) Absent _____

Cause of Absence _____

Parent's Signature _____

*To comply with the ruling of the Department of Education, it is necessary to have the date in form above.
This excuse must be brought to the teacher at the opening of the session of school following the absence.*

BY ORDER OF THE SUPERINTENDENT OF SCHOOLS

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