

**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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