



Charleston County School District  
Documentation for Absence

Student Name: \_\_\_\_\_ Student#: \_\_\_\_\_

Home Room Teacher: \_\_\_\_\_ Room#: \_\_\_\_\_

Dates of Absence: (indicate the month, day(s), and year \_\_\_\_\_  
\_\_\_\_\_

If you did not miss the whole day, please list the time(s) you arrived and/or left the school below:

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

My child was absent on the date(s) indicated above for the following reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Illness                     | <input type="checkbox"/> Legal Proceeding (documentation req)                       |
| <input type="checkbox"/> Funeral (documentation req) | <input type="checkbox"/> Homeless Related   |
| <input type="checkbox"/> Family Emergency            | <input type="checkbox"/> Military Deployment of Parent/Guardian (documentation req) |
| <input type="checkbox"/> Religious Observance        | <input type="checkbox"/> School Disciplinary Action                                 |
- Medical Appointment: (documentation req) \_\_\_\_\_
- School Approved Activity: \_\_\_\_\_
- Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_