

GCSC Student Absence Report Form

Student's Name _____

Grade _____ Homeroom Teacher (Period 1) _____

Parent/Guardian's Name (Please print) _____

Date(s) of Absence _____

Reason for Absence _____

GCSC Policy states, "When a child has been absent eleven (11) times, s/he will be placed on "doctor's excuse". This means that every time the student is absent, s/he must present an official GCSC absence form signed by a physician upon returning to school. The doctor's excuse should indicate that the student was physically or mentally unfit to attend school. I.C. 20-33-2-18 states if a parent of a student does not send the student to school because of the student's illness or mental or physical incapacity, it requires a parent to produce a certificate of the illness or incapacity of a student not later than six (6) days after the certificate is demanded."

The following section is to be completed by a licensed physician.

The student named above was seen and treated for the following reason:

The student may return to school on _____.

The physician's signature below affirms that he/she did examine the student and did complete the absence reason statement above.

Physician's Signature (No Stamps)

Date

Parent/Guardian's Signature

Date

All absences are subject to the principal's review. The principal will make the final decision for determining excused absences.

The above named student's absence has been deemed _____ excused _____ unexcused.

Principal's(Designee) Signature

Date