

**Online Perfect Absence Note**

Date Written: \_\_\_\_\_

Student. # \_\_\_\_\_

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

Date(s) of absence: \_\_\_\_\_

Verifiable Reason for Absence:

\_\_\_\_\_

\_\_\_\_\_

Absence notes ARE NOT a guarantee of an absence being excused. Per CCSD Regulation 5113 only 10 verifiable or pre-arranged absences may be excused per semester

All absences for MEDICAL, DENTAL and LEGAL appointments will require verification.  
School Fax# 702-799-1309 attn: Attendance Office

Parent/Guardian \_\_\_\_\_  
(Print Name)

Parent/Guardian \_\_\_\_\_  
(Signature)