

MADINATUL ULOOM

995 Fillmore Avenue, Buffalo, NY 14211 Tel: (716) 292-5956

Mandatory Excuse form to be filled out by Parent/Guardian

(This form must be completed and submitted to the office by the parents)

I _____ request my child _____ be excused on
(Parent Name) (Student Name)

DATES OF ABSENCE

Please check the reason (s) that most applies to your child:

1. ___ illness/injury (Explain below)
2. ___ appointment (**Must** bring doctors note with this letter)
3. ___ other reason

Explanation:

NOTE: This excuse form must be filled out prior to returning to the school after absence. If the completed excuse form is not submitted within that time, the absence will be considered unexcused. Student will not be allowed to enter class if this letter is not submitted by the parent or guardian.

Parent Signature

Date