

For Office Use Only  
Student Last Name: \_\_\_\_\_  
Student HR Number: \_\_\_\_\_



**PATHFINDER SCHOOL**

50 Donati Road | Bethel Park, PA 15102 | 412-833-2777 | aiu3.net/Pathfinder

**STUDENT ABSENCE FORM**

Today's Date: \_\_\_\_\_

Please Excuse: \_\_\_\_\_  
FIRST and LAST Name of Student

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

Number of Day(s) Absent: \_\_\_\_\_

Reason for Absence(s): \_\_\_\_\_

\_\_\_\_\_  
Name & Relationship to Student of Person Submitting Excuse

**\*\*IMPORTANT INFORMATION\*\***

**All absences are considered unexcused until a WRITTEN DOCUMENT including the above information is received by the homeroom teacher. Written excuses MUST be received by the homeroom teacher WITHIN THREE (3) SCHOOL DAYS UPON THE STUDENT'S RETURN After three (3) days, absences will remain unexcused.**

**Only ten (10) parental excuses are permitted annually. Any absences beyond that must be excused by a medical professional.**

**PLEASE REFER TO THE PARENT-STUDENT HANDBOOK FOR ADDITIONAL INFORMATION.**

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*Following section to be completed by Homeroom Teacher.*

\_\_\_\_\_  
Homeroom Teacher Name

\_\_\_\_\_  
Homeroom Number

\_\_\_\_\_  
Signature of Homeroom Teacher

Date Excuse Received By Homeroom Teacher: \_\_\_\_\_