

**PLEASE NOTE:** Three or more consecutive days absent from classes requires a written excuse of absence (as required by the PA Dept. of Education).



**Written Excuse of Absence**

**To:** HMS School for Children with Cerebral Palsy  
4400 Baltimore Ave., Phila., PA 19104  
(215) 222-1689 x171 (Phone) (215) 222-1889 (Fax)

**Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_ (student's name)

**Date(s):** \_\_\_\_\_

**Excuse:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's note attached?**     Yes                       No

**Parent/guardian signature:** \_\_\_\_\_

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**Doctor's note attached?**     Yes                       No

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