



IMANI CHRISTIAN ACADEMY

2150 East Hills Drive, Pittsburgh Pa, 15221
(412) 731-7982 | Fax: (412) 731-7343

STUDENT ABSENCE Form

STUDENT NAME : _____

GRADE: _____

DATE : _____

DISMISSAL TIME: _____

REASON FOR ABSENCE:

DOCTOR

DENTIST

SICK

FAMILY EMERGENCY

OTHER: _____

Note: All students (K through 12th) must present a written excuse for their absence within 2 days upon returning to school. The excuse must be submitted to the school office or to the homeroom teacher via email. Failure to submit a note or required documentation within 2 days will result in the absence being marked "Unexcused". See the Parent Student Handbook for additional information.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian

Date