

PERMISSION TO SELF-EXCUSE

Student Name: _____ Student Number: _____

My signature below verifies that my son/daughter is 18 years of age as of (date) _____. I give permission for Queen Creek High School to allow _____ to self-excuse himself/herself from class for illness or medical/dental appointments. We understand this is a privilege and can be revoked by an administrator if abused.

**QUEEN CREEK IS A CLOSED CAMPUS AND STUDENTS MAY NOT LEAVE
OR SELF-EXCUSE FOR LUNCH OR ACTIVITIES.**

Parent/Guardian Signature: _____

Day Phone: _____ Evening Phone: _____

Address: _____

Notary Acknowledgement (Notary: Please affix seal to this document)

State of: _____

County of: _____

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20_____

Notary Signature: _____

My commission expires: _____

Important: This form must be submitted to Administrator for approval

Approved: _____ Date: _____
(Administrator's Signature)