

# Middle Bucks Institute of Technology

## Excuse Note

Student \_\_\_\_\_ Program \_\_\_\_\_  
*PRINT FIRST AND LAST NAME*

**LATE** to school due to \_\_\_\_\_  
on the following date(s) \_\_\_\_\_

**ABSENT** from school due to \_\_\_\_\_  
on the following date(s) \_\_\_\_\_

**EARLY DISMISSAL** from school due to \_\_\_\_\_  
on the following date(s) \_\_\_\_\_

Student will be picked up by \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone number(s) for verification: \_\_\_\_\_

**Attendance Office: 215-343-2480, Option # 1**

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