



Comanche High School

• 1600 N. Austin St. • Comanche, Texas 76442 • Phone: (325) 356-2581

✉ chsattend@comancheisd.net

Office Use Only

Student Name : _____

Absence date : _____

Note Received on: _____

Received by: _____

☐ Excused

☐ Unexcused

Comanche High School Absence Form

Please excuse my student, _____ on, _____
due to the following reason(s) _____

Printed name of parent/guardian: _____

Parent/guardian signature: _____

Date: _____

A reason for the student's absence is required to determine if it will be considered excused or unexcused. This form, and any other documentation (see box below) must be submitted within 3 school days of the student's return to school for an absence to be "excused".

College visit

Requested date of visit: _____

Campus/school toured: _____

Certified signature of campus official: _____

Parents/guardians: Please **attach notes** (i.e. Doctor, dentist, college stationary, etc) to this form in order for this absence to be considered medical or college visit.