

Students Name: _____
Absent from: _____
Total Days Absent: _____

Class: _____
To: _____

Reason For Absence:

- Illness
- Urgent Family Reason
- Medical Appointment
- Other (please specify)

Details of Absence:

Parents/Guardians Signature: _____

Students Name: _____
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Total Days Absent: _____

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To: _____

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