



STUDENT ID#: _____

STUDENT NAME:

GRADE: _____ TEACHER: _____

DATE/S ABSENT: _____

FULL DAY? **YES NO** TIME LEAVING: _____

REASON FOR ABSENCE:

GUARDIAN NAME (PRINT):

PARENT SIGNATURE:



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GRADE: _____ TEACHER: _____

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FULL DAY? **YES NO** TIME LEAVING: _____

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