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| **Students Name………………………………………………………………… Class…………… Date of Absence……………………..****Reason for absence** **SICK Medical Appointment Family Reasons (Please explain) Other (please explain)****……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..****Parent/Guardian Signature…………………………………………………………………………………Date…………………………..** |
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