

# SCHOOL ABSENCE FORM

Please complete this form in full and return to office

I hereby give my consent for \_\_\_\_\_ to be absent from school  
on (date) \_\_\_\_\_ for:

(Reason) \_\_\_\_\_

Parent Signature \_\_\_\_\_ (date) \_\_\_\_\_

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**CLASS**

**ASSIGNMENT**

**TEACHER SIGNATURE**

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