

Excuse Slip

My child _____
(Student's Name) (Gr/Yr/Sec)

was absent last _____ due
(Inclusive Dates)

to _____
(Reason)

Parent's Signature _____

Noted by: _____
(Signature of Class Adviser) (Date)

(Signature of School Physician) (Date)

(If applicable) Medical Certificate submitted Yes No



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