

EXCUSE SLIP
(Proof of Submission)

_____ (Student's Name) _____ (Grade/Year & Section)

Date of Absence _____

Parent's Signature _____

Teacher's Signature _____

Date Received _____

(Student's Copy)

EXCUSE SLIP

My child _____ of _____
(Student's Name) (Gr./Yr. & Section)

was absent last _____
(Inclusive Dates)

due to _____
(Reason)

Parent's Signature _____

Noted by: _____

(Adviser's Signature) Date

(School Physician's Signature) Date

(If applicable) medical certificate submitted Yes No

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