EXCUSE SLIP (Proof of Submission)		EXCUSE SLIP  My child(Student's Name)	of (Gr <sub>:/</sub> Yr. & Section)
(Student's Name)  Date of Absence Parent's Signature Teacher's Signature Date Received  (Stude	(Grade/Year & Section)	was absent last(Inclusive Dates)  due to(Reason)  Parent's Signature	
	ent's Copy)	(Adviser's Signature)  (School Physician's Signature)  (If applicable) medical certificate submitted Yes	Date  Date  No
EXCUSE SLIP		EXCUSE SLIP	
(Student's Name)  Date of Absence Parent's Signature Teacher's Signature Date Received	of Submission)  Grade/Year & Section)  Grade/Year & Section)  ent's Copy)	My child(Student's Name)  was absent last	
	USE SLIP of Submission)  (Grade/Year & Section)	EXCUSE SLIP  My child	_ of (Gr./Yr. & Section)
Teacher's Signature  Date Received	ent's Copy)	Parent's Signature  Noted by:  (Adviser's Signature)  (School Physician's Signature)  (If applicable) medical certificate submitted  Yes	Date  Date