Date ____/____/____. HR:_____

Dear _____,

_____ _____
First Last
was absent from school with my knowledge from

_____/____/____ to ____/____/____ due to:

Illness ❑ Dental ❑
Dr's Certificate Yes ❑ No ❑
Family Commitment ❑
Employment Related ❑
Other (please specify) ❑

Signature:

Date ____/____/____. HR:_____

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Signature: