STUDENT ABSENCE SLIP

| Name | | | |
|---------------------------------|---------------------|---------------|--|
| Date of absence | •••••• | | |
| □ AM | | | |
| $\Box PM$ | | | |
| 🗆 Both | | | |
| Please tick reason for absence: | | | |
| □ illness | medical appointment | □ bereavement | |
| □ family choice | □ other | | |

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