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Signed (Parent or Guardian)	Other								
Signed (Parent or Guardian) Date									
(Parent or Guardian) Date	Signed	1	(Paren	t or Gi	1'			
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(Parent or Guardian) Date	Signed		(Paren	t or Gu	1*			
Date						iardiai	n)		
						Date			
Dear	Dear								
(Name of Teacher)	(Name of Teacher)								
Please excuse	Please	excuse							
(Name of Student)				(.	Name	of Stu	dent)		
For absence/tardy (circle month, day or days)	F	or abse	nce/ta	rdy (d	circle 1	nonth	, day o	or day	s)
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For the following reason:	For th	e follow	ing re	eason:					
Illness Dentist Appt	Illness				De	ntist A	.ppt		
Doctor Appt Out of City	Doctor Appt Out of City								
Other							•		

(Parent or Guardian)

(Parent or Guardian)