

The Hills School Absent from School

Student's Name:

Class:		
Date(s) absent:		
My child will be/was absent from school due to:		
My child was late to school (time am/pm) due to:		
My child will leave school early (timeam/pm) due to:		
Other		
Parent / Caregiver:(Print Name)		
Parent / Caregiver:(Signature)		
Date:		
Time:		



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	Other		
	Parent / Caregiver:		
	Parent / Caregiver.	(Print Name)	
	Parent / Caregiver:		
	Data	(Signature)	
	Date:		
	Time:		