

WSD Absence/Tardiness Note

Note: This note must be submitted within three (3) days of absence to be excused.

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_ast Name:		First Name:	Grade:	Teacher/Homeroom:
ABSENCE:	Date(s): _			
ATE:	Date:		Tin	ne:
REASON FOR ABO	VE:			
Parent/Guardian Signature:				OFFICIAL USE ONLY Date Received:
Note	e: This note mu		nin three (3) da	ys of absence to be excusedTeacher/Homeroom:
ATE:				ne:
REASON FOR ABO	VE:			
		ce/Tardiness Notes to the submitted with		ys of absence to be excused.
ast Name:		First Name:	Grade:	Teacher/Homeroom:
ABSENCE:	Date(s): _			
ATE:	Date:		Tin	ne:
REASON FOR ABO	VE:			
Parent/Guardian Signature:				