

REASON FOR ABSENCE

STUDENT NAME: _____

TEACHER: _____

DATE(S) OF ABSENCE:

REASON FOR ABSENCE: (Required by the State of Maryland)

X _____

Parent Signature (Required)

REASON FOR ABSENCE

STUDENT NAME: _____

TEACHER: _____

DATE(S) OF ABSENCE:

REASON FOR ABSENCE: (Required by the State of Maryland)

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Parent Signature (Required)

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