late of Absence:	Day/ Month / Year	Classes requesting to leave:
to		
Student's Nickname:		WCode:
Phone Number:		Type of Leave:
Reason for Absence:		
	I certify that all	information is true
()	(
Student		Parent
Teacher's Section	-	
reactier's Section		
Sit-in in class:		On Date:
Receive VDO of class:		From Date:
Receive assignment(s	s)	
Other notes		