

C A S T L E C O V E P U B L I C S C H O O L

Written Notification of Absence

Notification from (Parent/Guardian Name): _____

Relationship to Student: Mother Father Other: _____

Student's Name: _____ Class: _____

Reason: Sick Leave Other _____

Absent from: _____ 1st day leave _____ last day leave

Parent/Guardian Signature: _____ Date: _____

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Written Notification of Absence

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