

Absence Learning Form- Medical



Dear Subject Teachers,

_____ will be absent from _____ until _____

Please fill out the information below and sign. If **not up-to-date** please explain the reason.

Subjects missed	Up-to-date (Y/N)	Work set during approved absence	Teacher signature

The student's responsibility is to ensure:

1. All teachers of classes that will be missed to write in the information and sign
2. Your Year Level Team Leader must sign it after step 1 to ensure the absence is approved.

Team Leader signature _____