



**EXCUSE FOR ABSENCE** 

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Name:	Today's Date:	Name:	Today's Date:
Sending District:	Program Area:	Sending District:	Program Area:
Date of Absence(s):		Date of Absence(s):	
Reason for Absence(s):		Reason for Absence(s):	
Signature of Parent/Guardian		Signature of Parent/Guardian	
Somerset County  TECHNOLOGY CENTER		Somerset County  TECHNOLOGY CENTER	
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