WESTINGHOUSE ARTS ACADEMY

Attendance Excuse Form
This form must be completed in its entirety inorder to be accepted.

tudent Nam	e:_ ent First and Last Name. PLEASE PRINT CL	PARIY) Date:(00/00/00	00)
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	BY(AUTHORIZED PERSON)	AT(TIME)	AM / PM
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(PRINTE	ED NAME OF PARENT/ GUARDIAN)	(DATE)	
(SIGNAT	TURE OF PARENT/ GUARDIAN)	(DAYTIME PHONE NUM	(BER)
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WESTINGHOUSE ARTS ACADEMY

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	**	This form must be completed in its entirety inorder to be accepted.**		
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	7	WESTINGHOUSE ARTS ACADEMY Attendance Excuse Form This form must be completed in its entirety inorder to be accepted.		
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(SIGNATURE OF PARENT/ GUARDIAN)

(DAYTIME PHONE NUMBER)