LCCTC Absence Note	LCCTC Absence Note
Student Full Name:	Student Full Name:
Date(s) of Absence:	Date(s) of Absence:
Reason for Absence:	Reason for Absence:
Print Parent Name:	Print Parent Name:
Parent Signature:	Parent Signature:
Contact Number:	Contact Number:
(Absence notes must be handed in within three days of return.)	(Absence notes must be handed in within three days of return.)
LCCTC Absence Note	LCCTC Absence Note
Student Full Name:	Student Full Name:
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Reason for Absence:	Reason for Absence:
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Print Parent Name:	Print Parent Name:
Parent Signature:	Parent Signature:
Contact Number:	Contact Number:
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Parent Signature:	Parent Signature:
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