

全間 光华中文学校 ABSENCE REQUEST FORM

Today's Date:			
Name:			
Class:			
TIME REQUESTED			
From Date:	To Date:		# of Weeks:
Need to find a substitute?		Yes	No
If no, please let us know Name Email			
Phone Number			
Teacher's Signature		Supervisor* Signature	
			g Zhang at shaunaxzhang@gmail.con Zhang at lijun32@yahoo.com.
For office only:			