



DALAT INTERNATIONAL SCHOOL

SICK LEAVE FORM

Name of Student: _____ Phone No: _____

Dates of absence: From _____ to _____

Principal's Signature: _____

Doctor's letter

Parent's Note

TEACHERS: The above named student was sick as dates stated. Please list assignments that will be due during the dates missed.

Period	Class	Assignments	Teacher's Signature	Due Date
A				
B				
C				
D				
E				
F				
G				
H				
P				