**Green Gems International School**

| **Student’s Absence or Sickness Report** |
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| Student’s name: Grade: Section: |
| Absent from: To: Total number of days: |
| Description of sickness/ Reason for absence: |
| Signature of parent: Today’s date: |
| Teacher’s name: Signature: |
| **Please fill up the above information and submit it to the class teacher.** |