

JR. HIGH LATE WORK SLIP

Student Name _____ Student # _____ Today's Date: _____

If you were absent, what was/were the dates:

Mon ___/___/___ Tues ___/___/___ Wed ___/___/___ Thurs ___/___/___ Fri ___/___/___
month/day

Circle the reason your work is being turned in late:

(Sickness) (Out for appointment) (Shadowing) (Work not completed on time)

Other reason: _____

Parent Signature: _____

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