

シンガポール日本語補習授業校 宛

Fax : 6775-3032

## 欠席届

\_\_\_\_年 \_\_\_\_組

\_\_\_\_児童・生徒氏名

\_\_\_\_月 \_\_\_\_日 の授業を欠席します。

欠席の理由

保護者氏名

保護者サイン

事務確認欄

To Japanese Supplementary School

Grade/Class \_\_\_\_\_

Students name \_\_\_\_\_

Please be informed that my son/daughter \_\_\_\_\_

will be absent from school on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (SAT)

Date \_\_\_\_\_

Tel/Fax No, \_\_\_\_\_

Guardians name \_\_\_\_\_

Reason

Signature \_\_\_\_\_

Office use acknowledged by \_\_\_\_\_