Date: \_\_\_\_\_\_ Sub Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_

* Please record the names of the students who are absent from class today. Please have a student bring this form to Mrs. McElhannon in the counseling office at the beginning of each class period after attendance has been taken.

HOMEROOM (Must be turned in no later than 9:00am)

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1ST PERIOD

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2ND PERIOD

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3RD PERIOD

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4TH PERIOD

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5TH PERIOD

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6TH PERIOD

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7TH PERIOD

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