

Att. Form 3

ADMITTANCE SLIP  
Poston II School  
Secondary Division

Date: \_\_\_\_\_

To the teacher:

Please admit: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Dates of absence: \_\_\_\_\_

Signed: \_\_\_\_\_

Registrar, Principal

Period:	1	2	3	4	5	6	7
Tchr's Init'l:							
Room No:							

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