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| P.E. Make-Up 30 Min. Per Absence Monday-Thursday 2:30-4:00 | |
| Name: | |
| Teacher: | |
| Hour: | |
| Date Absent: | |
| Make-Up Date: | |
| Date Submitted: | |
| Time In: | Supervisor Signature: |
| Time Out: | Supervisor Signature: |
| Parent Signature: | |

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