

MAKE-UP CLASS REQUEST

Name of child(ren):

Missed class

Course:

Day:

Time:

This make-up class is required due to: **SICKNESS** **OVERSEAS TRAVEL**

We regret that we cannot arrange make-up classes for other reasons.

Date(s) preferred for make-up class

Course:

Day:

Time:

Signature of parent/guardian

Date

Office Use: Class List Database

Confirmed By _____ (phone/person)

Date: _____

C-E-005/2010