Generalitat de Catalunya
**Departament d'Ensenyament**

Education center _____

**12 - Justificació d'absència per part de la família**

Sr. Director/a,

l'alumne/a (nom i cognoms):_____

no ha pogut assistir a classe el dia (data)_____ pel motiu:_____

_____

_____

**El pare, mare o tutor/a de l'alumne/a**
(nom, cognom i signatura)

_____, ___ d _____de 20____

**12 – Absence Authorization Form (to be filled by the family)**

Mr./Mrs. Director/tress,

The student (name and surnames):_____

could not attend school on (date)_____ due to:_____

_____

_____

**The father, mother or tutor of the student**
(name, surname and signature)

_____, (month) _____ (day) _____ 20___