

Total Absences

Student Information	Grade___Section___Student Number___Name_____
Period	Date: From _____To _____ Total Number of Absences:_____
Reason for Absence	

1) For short-term absences (1 to 2 days)

① submit an absence report + ② supporting documents (confirmation of medical treatment, confirmation of hospital admission and discharge, prescription, computerized medication, etc.)

2) Long-term absences (3 to 5 days)

① Absence notice and +② medical certificate or submit a written opinion (documentation related to medical treatment such as doctor's opinion, confirmation of medical treatment, confirmation of hospitalization/discharge, prescription, etc.)

Date: _____

Guardian's Name :

Signature:

Homeroom Teacher:

②

Submitted to Jeonju Geumpyung Elementary School Principal

Homeroom Teacher Confirmation

담임교사 확인서

- Affiliation: Jeonju _____ Elementary School
- Grade () Section () Student Number ()
- Name: _____

The homeroom teacher confirms that the above child is absent due to the following reasons:

1. Absence period: Date: From _____ to _____
2. Confirmation Method:
Home visit
Confirmation through phone call,
Visit of the Parent/Guardian to the School,
Others (Hospital Visit)
3. Reason(s) for Absence: _____

Date: _____

Submitted to Jeonju Geumpyung Elementary School
Principal

This is to confirm that the above is all true and correct.

담 임 Homeroom Teacher	교 무 Shool Administration	교 감 Vice Principal
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