**JUSTIFICACIÓN DE FALTAS DE ASISTENCIA**

D/Dª. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, con DNI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, padre/madre/tutor/a del alumno/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del grupo \_\_\_\_\_\_\_\_\_\_\_\_, justifico la falta de asistencia a clase el/los día/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, por el siguiente motivo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Enfermedad  Consulta médica  Enfermedad de un familiar  Deber inexcusable.  Especificar motivo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Si no ha faltado días completos, señales las horas en el cuadrante   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **L** | **M** | **X** | **J** | **V** | | **1º** |  |  |  |  |  | | **2ª** |  |  |  |  |  | | **3ª** |  |  |  |  |  | | **4ª** |  |  |  |  |  | | **5ª** |  |  |  |  |  | | **6ª** |  |  |  |  |  |   Acompaña documento oficial  Acompaña fotocopia del DNI |

Ronda, \_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 20\_\_\_\_

Firma padre/madre/tutor/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_