**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

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|  | **L** | **M** | **X** | **J** | **V** |
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| **4ª** |   |   |   |   |   |
| **5ª** |   |   |   |   |   |
| **6ª** |   |   |   |   |   |

[ ] Acompaña documento oficial[ ] Acompaña fotocopia del DNI |

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

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