

MARKVILLE SECONDARY SCHOOL

(STAR System needs to be used when absence is equal to one full period or more)

Team: _____ Submitted By: _____ Admin Approval: _____

Event Date: _____		Teacher: _____ 1 2 3 4 5						Mode of Transport: <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Coach <input type="checkbox"/> Parent
Location: _____		Teacher: _____ 1 2 3 4 5						
Opponent	Contact No.	Time of Game	Early Leave Time	Leave Markville	Dept. Time Home	Est. Return Time	# of Passengers	
Event Date: _____		Teacher: _____ 1 2 3 4 5						Mode of Transport: <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Coach <input type="checkbox"/> Parent
Location: _____		Teacher: _____ 1 2 3 4 5						
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