

**JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.**

Alijis, Bacolod City

BASIC EDUCATION DEPARTMENTDepEd School ID No. 403019**BED Form 9**

Date: _____ Time: _____

TO : All Teachers Concerned

Please excuse _____ of Grade/Section: _____

(Name of Student)

from your class from _____ to _____ (if dates are definitely identified).

Reason(s): _____

ADVICE: To secure an excuse slip upon return

For your guidance and information.

Remarks:

Class Adviser/Guidance Counselor**Medical-Dental**Noted: **MA. EVA M. HILAY, PhD**

Principal

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Guidance Office Copy

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"To maintain the highest standards of Quality, Health, Safety, Environmental Protection and Pollution Prevention in our consistent drive to satisfy and strive to exceed