

ATTENDANCE / ABSENCE NOTE

Student Name _____

Class _____ Date of Absence / / to / /
 / / to / /

Reason for Absence (tick box) / / to / /

- Sick
- Accident
- Medical / Dental Appointment
- Funeral
- Holiday
- Family Illness
- Parent Choice
- Cultural
- Other _____

Signed _____ Date _____

Please ensure this note is handed to your child's teacher on their return to school.
Please notify the school if you know your child will be absent.

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