NOTIFICATION OF STUDENT ABSENCE

Student Name: ________________________________ Year Level: ________________

Homegroup Teacher: ____________________________

Date of Absence/s: On ___________ or up to and including ___________

Reason for Absence: ____________________________

Parent/Caregiver name: __________________________ Date: ___________ / __________ / __________

Parent Signature: ____________________________ [Teacher Signature: ____________________________]

Please fill in and return to the school with your child/ren prior to absence or on their return to class.

If there is a planned absence of a period which is of more than two school days, please obtain an ED175 (Application for Exemption) form from the Front Office to be filled in prior to leave happening. Thank you.

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Reason for Absence: ____________________________

Parent/Caregiver name: __________________________ Date: ___________ / __________ / __________

Parent Signature: ____________________________ [Teacher Signature: ____________________________]

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