IT WOULD BE APPRECIATED IF PARENTS COULD PHONE OR SEND A NOTE ALONG WITH YOUR CHILD WHEN THEY RETURN AFTER EACH ABSENCE

ABSENCE NOTE

Date: __ __ / __ __ / __ __
Student’s Name: ______________________________
Date of absence: ____________________________________________
Reason for absence: (please tick)
 Illness
 Medical Appointment
 Dentist
 Parent Choice
 Other (please specify):
____________________________________________
____________________________________________
____________________________________________
Parent/Carers Signature: ____________________________

ABSENCE NOTE

Date: __ __ / __ __ / __ __
Student’s Name: ______________________________
Date of absence: ____________________________________________
Reason for absence: (please tick)
 Illness
 Medical Appointment
 Dentist
 Parent Choice
 Other (please specify):
____________________________________________
____________________________________________
____________________________________________
Parent/Carers Signature: ____________________________

ABSENCE NOTE

Date: __ __ / __ __ / __ __
Student’s Name: ______________________________
Date of absence: ____________________________________________
Reason for absence: (please tick)
 Illness
 Medical Appointment
 Dentist
 Parent Choice
 Other (please specify):
____________________________________________
____________________________________________
____________________________________________
Parent/Carers Signature: ____________________________

ABSENCE NOTE

Date: __ __ / __ __ / __ __
Student’s Name: ______________________________
Date of absence: ____________________________________________
Reason for absence: (please tick)
 Illness
 Medical Appointment
 Dentist
 Parent Choice
 Other (please specify):
____________________________________________
____________________________________________
____________________________________________
Parent/Carers Signature: ____________________________

This form is also available on the school website at www.sunshineps.vic.edu.au