

STUDENT ABSENCE NOTE

Student Name: _____ Grade: _____

Reason given for student's absence (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Transport Problems |
| <input type="checkbox"/> Appointment | <input type="checkbox"/> Holiday |
| <input type="checkbox"/> Parent Choice | <input type="checkbox"/> Other |

For date(s) of absence: _____

Parent signed / approved: _____

Parent name (printed): _____

.....
(For school use only)

Date of contact: _____

Name of staff member in receipt of information: _____

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