STUDENT ABSENCE NOTE

Student Name: __________________________________________________   Grade: ___________
Reason given for student’s absence (please tick)

□ Illness                          □ Transport Problems
□ Appointment                    □ Holiday
□ Parent Choice                   □ 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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