TOCUMWAL PUBLIC SCHOOL

ABSENCE NOTE

ON THIS STANDARD FORM

| NAME: | NAME: |
|--|--|
| GRADE: TEACHER: | GRADE: TEACHER: |
| This student was absent from:/ to:/ | This student was absent from:/to:/ |
| APPROVED REASONS : (Tick one) | APPROVED REASONS : (Tick one) |
| Illness Injury Medical/Dental Appointment Other (please give reason) | Illness Injury Medical/Dental Appointment Other (please give reason) |
| Additional comment: (if required) | Additional comment: (if required) |
| Parent/Guardian Signature: Date: ALL ABSENCES SHOULD BE REPORTED ON THIS STANDARD FORM | Parent/Guardian Signature: Date: ALL ABSENCES SHOULD BE REPORTED ON THIS STANDARD FORM |
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| Additional comment: (if required) | Additional comment: (if required) |
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