Glen Katherine Primary School Student Absence Notification

Student Name:................................................................. Grade:..............

Date/s of Absences:.................................................................

Reason for Absence/s:
Illness (201) □  Dentist (209) □  Holiday (804) □  Medical (200) □
(unwell/injury)

Other □  (must give reason):.................................................................

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Parent/Guardian Signature:............................................. Date:...................

To be returned to Classroom Teacher on the next school day

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