



WARRANDYTE PRIMARY SCHOOL

Forbes Street Warrandyte 3113 9844 3537 Fax 9844 1616

Email: Warrandyte.ps@edumail.vic.gov.au

STUDENT ABSENCE

My child in grade:

Was absent from school on the following dates(s):

Beginning date: (complete only this if one days absence)

End date: (complete if more than one days absence)

This absence was for the following reason (please tick appropriate box)

- Illness
- Medical Appointment
- Parent Choice (holiday, funeral etc)
- Other (please specify)

Signed: Date:
Parent/Guardian

Please provide to your child's teacher upon return to school



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