STUDENT ABSENCE

My Child ______________________ in Grade __________ was absent from school on the following date(s):

Beginning date: _____________(complete only this line 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
☐ Other (Please specify)_____________________________________

Signed: _______________________   Date: ___________
    Parent / Guardian

Please provide to your child’s teacher upon return to school.

Any further information or comments:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

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