LEAVE OF ABSENCE – NOTIFICATION

Child’s Name:_________________________________________  Class:________

Child’s Name:_________________________________________  Class:________

Child’s Name:_________________________________________  Class:________

Reason for Absenteeism:_______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Kindergarten Students Only

Please tick all school days that your child/children will be absent.

MONDAY_____  TUESDAY_____  WEDNESDAY_____  THURSDAY_____  FRIDAY_____

Total number of school days absent:___________________________________________

Pre-Primary – Year 6 Students Only

Date leaving (first day absent) ____________________________________________

Date returning to school _________________________________________________

Total number of school days absent:_________________________________________

Please Note:

• Return this form to the School Office NOT directly to the classroom teacher
• Recommended homework while away: Reading and Mental Maths

Parent’s Name:_________________________________________  Signature:________________

School Principal:  Mrs Suzanne Fox  Signature:________________

Date:__________________________

Office Copy □  Teacher’s Copy □  SEQTA UPDATED □