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 Miranda Swann Signature ____________

Date: ____________________________

Office Copy ☐  Teacher’s Copy ☐  SEQTA UPDATED ☐