

NOTIFICATION OF ABSENCE DURING SCHOOL HOURS

I, _____ will be taking
(Parent/Guardian)

(Names(s) of Child/Children)

from Year(s) _____ on _____
(Date)

My child/children will be absent between the times of

_____ and _____

OR

My child/children will be leaving school at _____ am/pm
and not returning to school.

Reason _____

Parent/Guardian Signature	_____
Office Staff Signature	_____
Teacher's Signature(s)	_____

Notification Of Absence During School Hours

I, _____ will be taking
(Parent/Guardian)

(Names(s) of Child/Children)

from Year(s) _____ on _____
(Date)

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