



### Student Absence Note

Name:	Class:
Dates of Absence: From _____ to _____	Number of days absent:
Reason for Absence: A. Illness <input type="checkbox"/> B. Family Reason e.g. funeral <input type="checkbox"/> C. Other :e.g. Religion <input type="checkbox"/> D. Family Holiday <input type="checkbox"/> E. No reason being given <input type="checkbox"/>	If you need to explain the absence further, please use this space:
Parent Signature:	Date of Note:



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