Elands Public School Main Road ELANDS NSW 2429

Date _____



Ph: 02 6550 4557 Fax: 02 6550 4412 elands-p.school@det.nsw.edu.au

Living to Learn Learning to Live We are Learning on Biripi Land

ABSENTEE NOTE 2 – MORE THEN ONE DAY ABSENCE

To be completed by parents or carers to inform the school when a child is absent for more than one whole school day. Name of Student ______ Year ______ First date of absence _____ Last date of absence _____ Reason for absence The reason for the absence must be shown below. (Please tick the appropriate box and give details.) Note: If you prefer, you may telephone the school to explain your child's absence. ☐ Sickness (please give details, e.g., flu) ☐ Family reasons (please give details, e.g. attendance at a funeral) Other reason (please give details, e.g. attendance at a religious ceremony) Name of Parent/Carer ______ Signature of Parent/Carer _____