



STUDENT ABSENCE

My Child _____ in Grade _____ was absent from school on the following date(s):

Beginning date: _____ (complete only this line if one days absence)

End Date: _____ (complete if more than one days absence)

This absence was for the following reason (please tick appropriate box):

- Illness
- Medical Appointment
- Parent Choice
- Holiday
- Other (Please specify) _____

Signed: _____

Date: _____

Parent / Guardian

Please provide to your child's teacher upon return to school.

Any further information or comments:

Clifton Hill Primary School
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E - mail: clifton.hill.ps@edumail.vic.gov.au