



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