The law requires that the parent/caregiver ensures that a child attends school on each day that instruction or other activity is provided unless prevented by sickness or other good reason.

Student Name: ________________________________ Class: ______ B / M

My child was absent from School on the following days:

☐ Monday  Full Date (dd/mm/2015) ___________________________

☐ Tuesday Full Date (dd/mm/2015) ___________________________

☐ Wednesday Full Date (dd/mm/2015) ___________________________

☐ Thursday Full Date (dd/mm/2015) ___________________________

☐ Friday Full Date (dd/mm/2015) ___________________________

Reason for absence:
___________________________________________________________________________
___________________________________________________________________________

(attach Doctor’s Certificate if applicable)

Parent/Guardian Name: ______________________________________________________

Parent / Guardian Signature: ________________________________________________

Date______________________________

College Use Only
Teacher signature ..................................................
Date .................................................................
Office only (tick when entered in School Pro) ☐