

Winters Flat Primary School
ABSENCE NOTE



Student's Name: _____

Class: _____

This student was absent on (insert dates):

Tick Applicable Box	Reason
	Illness, Medical, Dental, etc.
	Extended Family Holiday
	Parent Choice
	Bereavement

Additional Comment (if required)

Parent/Guardian Signature: _____

Date: _____

***ALL ABSENCES SHOULD BE REPORTED ON
THIS STANDARD FORM.**

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