

BERESFIELD PUBLIC SCHOOL



ABSENCE NOTE

(To be given to Classroom Teacher in advance or first day back after absence)

STUDENTS NAME: _____ CLASS: _____

DATE OF ABSENCE/S: _____

REASON FOR ABSENCE: _____

NAME OF PERSON ADVISING SCHOOL: _____

Mum Dad Other Phone Call to School

Signature of Parent/Carer: _____ Date: _____

Signature of Teacher/Entered on Sentral: _____ Date: _____

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