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 **Lue Public School Absence Note**

 Student First Name.................................................Surname....................................................Year...............

 Full Day(s) Date from ................................................... to..................................................................................

 Part Day(s) Date from........................................Time From..........................................to ............................

Reason (tick one)  Sick  Medical Appointment  Family Emergency

  Doctors Certificate Attached  Other Appointment (please specify) ......................................

  Other Reason (please specify) .......................................................................................................................

 Parent Name ..................................................... Signature......................................................Date ...................

Student .................................

Year ......................................

Date......................................

From...................to...............

Reason Family Emergency Sick Other

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Reason (tick one)  Sick  Medical Appointment Family Emergency

  Doctors Certificate Attached  Other Appointment (please specify) ......................................

  Other Reason (please specify) .......................................................................................................................

 Parent Name ..................................................... Signature......................................................Date ...................