

Si

Si

Si

Si

**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

Si

**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 ...................