AXEDALE PRIMARY SCHOOL
ABSENCE NOTE

NAME: ........................................................................

GRADE: ..................  TEACHER: ..................

This student was absent on: ........................................
            (insert dates)

APPROVED REASONS: (Tick one)

☐ Illness  ☐ Injury  ☐ Medical/Dental Appointment
☐ Bereavement  ☐ Other

Additional comment (if required) ________________________________________________________________
_______________________________________________________________

Parent/Guardian Signature: __________________________________________
Date: __________________________

PLEASE REPORT ALL ABSENCES ON THIS STANDARD FORM

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