

**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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