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

Additional comment (if required) __________________________________________________________

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Parent/Guardian Signature: ________________________________ Date: ________________

PLEASE REPORT ALL ABSENCES ON THIS STANDARD FORM