

ABSENCE FROM SCHOOL – FULL DAY/S

STUDENT SURNAME		STUDENT FIRST NAME	
NUMBER OF DAYS ABSENT:	DATE(S): From / / to / /	CLASS:	

REASON GIVEN: (please tick one)

<input type="checkbox"/> Sick / Unwell (WS) <input type="checkbox"/> <i>Dr Certificate supplied</i>	<input type="checkbox"/> Medical / Dental Appt (WS) <input type="checkbox"/> <i>Dr Certificate supplied</i>	<input type="checkbox"/> OT / Speech Therapy / Other Specialist Appointment (WL)
<input type="checkbox"/> Explained Absence (WL) Up to 15 days in a school year approved by the principal. Reason due to: <ul style="list-style-type: none"> <input type="checkbox"/> misadventure or unforeseen event <input type="checkbox"/> participation in special events not related to the school <input type="checkbox"/> domestic necessity such as serious illness of an immediate family member <input type="checkbox"/> attendance at funerals <input type="checkbox"/> recognised religious festivals or ceremonial occasions. <input type="checkbox"/> family holidays, travel within Australia and overseas 		
<input type="checkbox"/> Exceptional Circumstances (WM) Requests for Leave for employment in the entertainment industry or participation in an elite sporting event should be dealt with through an Application for Exemption from Attendance Form B1. Form B1 Completed with approval by Principal:- <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<input type="checkbox"/> Other (please describe) <i>*Class teacher to refer to guidelines for reason code</i>		

PARENT / GUARDIAN NAME (please print)	PARENT / GUARDIAN SIGNATURE
---------------------------------------	-----------------------------

Student must present this slip to the Class Teacher when returning to class. Teacher to file into student absence folder.

CLASS TEACHER SIGNATURE

Date ___/___/___

Entered in roll