



STUDENT ABSENCE NOTIFICATION FORM

Please complete this form as fully as possible. We will pass this information on to teachers concerned on your behalf provided that we have all the details we need.

STUDENT INFORMATION

First Name: _____

Last Name: _____

Year Level: _____

LENGTH OF ABSENCE

Please indicate inclusive dates as to when will your absence starts and up to when will it be.

FROM

TO

(dd/mm/yy)

(dd/mm/yy)

REASON/S FOR ABSENCE/S

Please provide brief details regarding your reason/s for absence/s.

Requested by:

Signature of Student

Homeroom Teacher

Signature of Parent / Guardian

Head of Department

Submission of this form does not automatically constitute an authorized absence. Approval is requested by both Parents/Guardian and the Head of Student Affairs or School Principal.

:SP, 28 Feb 2018