

Winters Flat Primary School  
**ABSENCE NOTE**



Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

This student was absent on (insert dates):  
\_\_\_\_\_

Tick Applicable Box	Reason
<input type="checkbox"/>	Illness, Medical, Dental, etc.
<input type="checkbox"/>	Extended Family Holiday
<input type="checkbox"/>	Parent Choice
<input type="checkbox"/>	Bereavement

Additional Comment (if required)  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*ALL ABSENCES SHOULD BE REPORTED ON THIS STANDARD FORM.**

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