ST JOSEPH’S SCHOOL

PARENT NOTE TO EXPLAIN ABSENCE

Student Name: _______________________________ Year: _____________

Date/s of Absence: ____________________________________________

Please tick the appropriate box and in the space below give an explanation for the absence.

Sick [ ] Appointment [ ]

Other [ ]

Explanation for the Absence: _____________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Medical Certificate attached: Yes [ ] No [ ]

Parent/Guardian Signature: ______________________________________

Parent/Guardian Name: _________________________________________

Contact Telephone: ______________________ Date: ________________

Processed by Staff: ______________________ Date: ________________