



# 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: \_\_\_\_\_

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Medical Certificate attached:      Yes       No

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

Parent/Guardian Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_      Date: \_\_\_\_\_

Processed by Staff: \_\_\_\_\_      Date: \_\_\_\_\_