



Ashfield Boys High School

ABSENCE NOTE

FAMILY NAME: _____

FIRST NAME: _____

YEAR: 7 8 9 10 11 12 (please circle one)

DAY AND DATES ABSENT: First Day: _____

Last Day: _____

REASON FOR ABSENCE: _____

SIGNED (PARENT/CARER): _____

DATE: _____

Place this note in the box at the Front Office within 7 days of returning to school.



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