

Ashfield Boys High School ABSENCE NOTE



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FAMILY NAME:	FAMILY NAME:
FIRST NAME:	FIRST NAME:
YEAR: 7 8 9 10 11 12 (please circle one)	YEAR: 7 8 9 10 11 12 (please circle one)
DAY AND DATES First Day: ABSENT:	DAY AND DATES First Day:ABSENT:
Last Day:	Last Day:
REASON FOR ABSENCE:	REASON FOR ABSENCE:
SIGNED (PARENT/CARER):	SIGNED (PARENT/CARER):
DATE:	DATE:
Place this note in the box at the Front Office within 7 days of returning to school.	Place this note in the box at the Front Office within 7 days o returning to school.