



# ST. MONICA'S PRIMARY SCHOOL ABSENCE NOTE

Students Name: \_\_\_\_\_

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

The student was absent on: \_\_\_\_\_

### REASON (Tick One)

- Illness
- Injury
- Medical/Dental Appointment
- Bereavement

Other/Comment: \_\_\_\_\_  
\_\_\_\_\_

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

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

ALL ABSENCES SHOULD BE REPORTED ON THIS FORM.  
FURTHER COPIES ARE AVAILABLE FROM THE OFFICE.



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