

NARRABUNDAH COLLEGE ABSENCE FORM

Student name: ID:..... Year **11 /12** (circle)

Student Mobile:

Date(s) of Absence: Week:.....

Period of absence: **All day / partial day**

(please select one: if partial sign / initial the lessons missed on the timetable below)

Explanation of Absence

Session	Mon	Tues	Wed	Thurs	Fri
9.00	5	6	7	1	4
10.00	2	4	1	5	3
Recess					
11.15	7	5	3	6	1
12.15	3	7	2	2	6
Lunch					
2.00	1	2	4	8	5
3.00	4	3	6	8	7

Signature

Parent / Guardian.....Date

*An explanation of the absence(s) needs to be written in the space above and hand signed by a parent/ guardian. If assessment has been missed, this note **must** be attached to appropriate documentation eg a medical certificate or letter from a health professional. An email or phone call on the day of missed assessment is also appreciated.*

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