

## **Student Absentee Form 2015**

Name of Student:	Class:
My child was absent fromor	to
My child will be absent from	to
Total number of days:	
Reason for Absence:	
Please note that absences or days of leave (including Extended Day Children) requires (Legal requirement)	
Leave approval sought prior to leave Y/N or	Signature of Principal
Leave approval sought after leave Y/N	Signature of Principal
Name of parents:	
Signature:	
Date:	

Please phone the office (9973 1422) or email (<a href="mailto:info@barrenjoeymontessori.nsw.edu.au">info@barrenjoeymontessori.nsw.edu.au</a>) prior to school commencing if your child will be away on any given day unless

prior arrangements have been made.

This note must be handed to the office