Wodonga Primary School
Attendance – Absence Note

Student Name: __________________________________ Class: _______

Dates Away from School: (DD/MM/YY) ______________________________________

Reason Away □ 201 Illness □ 200 Medical □ 205 Medical Appt □ 807 Parent Choice
□ 209 Dentist □ 804 Holiday □ 211 Bereavement
□ Other (give reason) ______________________________________________________

Parent/ Guardian Signature: __________________________ Date: _________

Please make sure this note is given to your child’s teacher when they return to school

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