



**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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