## MAIDEN GULLY PRIMARY SCHOOL MAIDEN GULLY PRIMARY SCHOOL **ABSENCE NOTE ABSENCE NOTE** Name ..... Name ..... Grade: Room: Room:.... Grade: ..... This student was absent on This student was absent on ..... ..... ...... (insert dates) (insert dates) APPROVED REASONS: (tick one) APPROVED REASONS: (tick one) 200 Medical 200 Medical 201 Illness 201 Illness Medical appointment Medical appointment 205 205 209 209 Dental Dental Funeral 211 Funeral 211 Parent Choice Parent Choice 807 807 804 Extended Family Holiday 804 Extended Family Holiday Other (comment below) Other (comment below) Additional comment: (if required) Additional comment: (if required) (Parent/Guardian signature) (Parent/Guardian signature) Date: ..... Date: ..... MAIDEN GULLY PRIMARY SCHOOL MAIDEN GULLY PRIMARY SCHOOL ABSENCE NOTE ABSENCE NOTE Name ..... Name ..... Grade: Room: Room:.... Grade: ..... This student was absent on ...... This student was absent on ..... ..... ..... (insert dates) (insert dates) APPROVED REASONS: (tick one) APPROVED REASONS: (tick one) 200 Medical 200 Medical 201 Illness 201 Illness Medical appointment 205 Medical appointment 205 Dental Dental 209 209 211 Funeral 211 Funeral 807 Parent Choice 807 Parent Choice **Extended Family Holiday** 804 804 Extended Family Holiday Other (comment below) Other (comment below) Additional comment: (if required) Additional comment: (if required) ..... ..... (Parent/Guardian signature) (Parent/Guardian signature) Date: ..... Date: .....