WHALAN PUBLIC SCHOOL

Phone: 9625 9437 Fax: 98322452

Absence Explanation Note

| tudents Name: | |
|--|-------------|
| Class: | |
| Please tick reason for absence | |
| ☐ Sick | |
| ☐ Family reasons | |
| OtherPlease specify | |
| Date Student was away: | |
| Parent/Carer signature | //_ Date |
| | |
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| Phone: 9625 9437 Fax: 98322452 Absence Explanation Note Students Name: Class: Please tick reason for absence Sick Family reasons | |

Parent/Carer cionature

Date

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