

Jerdacuttup Primary School



Date of Absence: _____

Absent Child's Name: _____

Reason for Absence (Please tick appropriate box and write comment if necessary)

<input type="checkbox"/>	Sick		<input type="checkbox"/>	Other (please explain)	
<input type="checkbox"/>	Dr/Dental appointment				
<input type="checkbox"/>	Family holiday				

Parent/Guardian Name: _____ Signature: _____

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