Partial Absence – Early Departure

Student’s Name: ________________________________ Class: __________

Date: ________________________________ Departure Time: ______________

Reason Given: (Completed by Office Personnel - Please tick one)

☐ Sick / Unwell (PS)
☐ Medical / Dental Appt (PS)
☐ Pressing Domestic Necessity (PL)

☐ OT / Speech Therapy / Other Specialist Appt (PL)

☐ Other (please provide reason)

_____________________________________________________

Parent / Guardian’s Name (please print) ________________________________

Parent / Guardian’s Signature

School Office passes on to Roll Teacher

Office Use Only ☐

St Cecilia’s Catholic School Balgowlah
V 02/2015

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