

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

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