Office Use Only 🔲

Partial Absence – Early Departure

Student's Name:	Class:	
Date: Depar	ture Time:	CLOSING WAR
Reason Given: (Completed by Office Personnel - Ple	ease tick one)	
☐ Sick / Unwell ☐ Medical / Denta (PS)	al Appt Pressing D (PL)	omestic Necessity
OT / Speech Therapy / Other Specialist Appt (PL)		
Other (please provide reason)		
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Parent / Guardian's Name (please print)	arent / Guardian's Signature	•
School Office passes or	o to Roll Teacher	fice Use Only 🗌
St Cecilia's Catholic School Balgowlah		V 02/2015
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