

Partial Absence – Leave & Return



Student's Name: _____ Class: _____

Date: _____ Leave Time: _____ Return Time: _____

Reason Given: (please tick one)

- Pressing Domestic Necessity (PL)

 Meals on Wheels (PL or PM)

 OT / Speech Therapy / Other Specialist Appt (PL or PM)
- Medical / Dental Appt (PS)
- Other (please describe) _____

Parent / Guardian's Name (please print) _____

Parent / Guardian's Signature _____

Student must present this slip to the Class Teacher on arrival to class.

Office Use Only

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