Partial Absence – Leave & Return

Student's Name:		Class:	
Date:	Leave Time:	Return Time	e:
Reason Given: (please tick one)			
☐ Pressing Domestic Necessity (PL)	☐ Meals on Wheels (PL or PM)	OT / Speec Specialist / (PL or PM	
Medical / Dental Appt (PS)			
Other (please describe)			
Parent / Guardian's Name (please print		rent / Guardian's Signat	ure
	sent this slip to the Class T	•	
Student must pre	sent this slip to the Class T	eacher on annvario class.	Office Use Only 🗌
St Cecilia's Catholic School Balgowlah Partial A	bsence – Le a	ave & Returr	V 01/2015
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	<u> </u>		
Parent / Guardian's Name (please print) Pa	rent / Guardian's Signat	ure

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

Office Use Only 🗌