



ARNCLIFFE PUBLIC SCHOOL

168 Princes Highway Arncliffe NSW 2205, Phone (02) 9567 5060, Fax (02) 9556 1002

NOTE 2 should be completed by parents or carers to inform the school when a child is absent for more than one whole school day.

Name of Student _____ Class _____

First date of absence _____ Last date of absence _____

Reason for absence

The reason for the absence must be shown below. (Please tick the appropriate box and give details.)

Note: If you prefer, you may telephone the school to explain your child's absence.

Sickness (please give details, eg flu)

Family reasons (please give details, eg attendance at a funeral)

Other reason (please give details, eg attendance at a religious ceremony)

Name of Parent/Carer _____

Signature of Parent/Carer _____

Date _____