



ARNCLIFFE PUBLIC SCHOOL

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

NOTE 3 should be completed by parents or carers to inform the school when a child is absent for part of the school day.

Name of Student _____ Class _____

Parent or carer please tick ✓ either arrived late or must leave early

Arrived late Time _____ Date _____

OR

Must leave early Time _____ Date _____

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)

If applicable, parent or carer to tick ✓ one of the boxes below

My child will return to school today at: Time _____

My child will not return to school today

Name of Parent/Carer _____

Signature of Parent/Carer _____

Date _____