

**CAMPBELLFIELD HEIGHTS PRIMARY SCHOOL - ABSENCE NOTE**

Please fill in and return to your child's teacher on the day your child returns to school after an absence. We accept doctor's certificates.

My child \_\_\_\_\_ Grade \_\_\_\_\_

was absent on or from \_\_\_\_\_ to \_\_\_\_\_ (Please fill in all date/s) because

\_\_\_\_\_  
(Reason is optional)

**PARENT/CARER SIGNATURE** \_\_\_\_\_

*PLEASE FILL IN A FORM FOR EACH CHILD ABSENT*

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