<u>CAMPBELLFIELD</u>	<u>HEIGHTS</u>	<b>PRIMARY SCHOOL - ABSENCE NOTE</b>
Please fill in and return to your child doctor's certificates.	d's teacher or	n the day your child returns to school after an absence. We accept
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

## 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 \_\_\_\_\_

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

Grade \_\_\_\_\_

CAMPBELLFIELD F	EIGHTS	S 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		

CAMPBELLFIELD I	HEIGHTS	PRIMARY SCHOOL - ABSENCE NOTE
Please fill in and return to your child doctor's certificates.	's teacher on	the day your child returns to school after an absence. We accept
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 ABSEN