Park Ridge Primary School

ABSENCE/LATE NOTE

Date/s: ………………….. Class: ..................

Time of Arrival: ………………………………..
(only applicable if student is late)

Child’s Name: ………………………………. 

Reason: 
1. Medical
2. Medical Appointment
3. Illness
4. Parent Choice

Tick

Comment: ___________________________
_____________________________________

Parents Signature: ____________________

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