

Full / Partial Day School Absence

Date: _____

Student Name: _____

Year: _____

Learning Circle / Class: _____

Date of Absence: _____

Whole day absence

Partial absence

Arrival time: _____

Departure time: _____

Parent Explanation for Full Day or Partial Absence

Parents Name: _____

Parents Signature: _____

Office Use Only

- Misadventure or unforeseen event
- Participation in special events not related to the school
- Domestic necessity such as serious illness of an immediate family member
- Attendance at a funeral
- Recognised religious festival or ceremonial occasion
- Specialist Appointment
- Illness (please attach a doctors certificate if provided by your Medical Practitioner)
- Domestic & International Travel

(The College Principal is required to authorize this absence. A Notification of Exemption from Attendance at School form is required to be completed and submitted – this can be downloaded from our website under Permission Notes and Forms or collected from the Administration Office).

Entered Date: _____

Staff Signature: _____



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“Educating our children today to nurture in them hope, courage and the capacity to be Christian leaders of tomorrow.”