



HERNE HILL PRIMARY SCHOOL
2-24 Gwynne Street,
Hamlyn Heights 3215

OFFICE USE ONLY

Entered on Compass

Student Absence Note

Name of Student:	Grade:
Date/s of Absence:	___/___/___ to ___/___/___ <input type="checkbox"/> One Day <input type="checkbox"/> Consecutive Days
<input type="checkbox"/> Appointment <input type="checkbox"/> Medical/Illness <input type="checkbox"/> Injury <input type="checkbox"/> Parent Choice <input type="checkbox"/> Family Holiday	
<input type="checkbox"/> Other: _____ Reason: _____	
Signature: _____	



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