

PARENT COPY

Date Note Sent: / /

Covering **full** school day

From: / /

To: / /

Reason:.....

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ABSENTEE NOTE

Wingham High School

Year _____

First Name

Surname

This note covers**full** school day(s) from: / /20..... to / / 20.....

The reason for the absence is:

.....

.....

.....

Signature.....(parent/carer) **Date**.....

N.B. The school's assessment policy may require a medical certificate to cover students' absences from assessment tasks in Years 11 & 12. A certificate may also be required in Years 9 & 10.

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