

**Wingham High School
Absence Note
Parent Copy**

Keep this side for your records

Today's date: ____/____/20____

This note is for

____ (number) full school days(s)

From ____/____/20____

To ____/____/20____

Part of a day
on ____/____/20____

From ____ am/pm to ____ am/pm

Reason:

Sick
 Other Reason: _____



Wingham High School Absence Note

Send this side to school

First Name _____ Surname _____

Today's date: ____/____/20____

This note is for

____ (number) full school days(s) from ____/____/20____ to ____/____/20____

Part of a day on ____/____/20____, from ____ am/pm to ____ am/pm

Reason: Sick Other Reason: _____

Signed _____ Parent/Carer's name _____ Date ____/____/20____

NB: The school's assessment policy requires a medical certificate to cover students' absences from assessment tasks in Years 11 and 12. A certificate may also be required in Years 9 and 10.