



Burwood Girls High School

**ABSENCE NOTE**

FAMILY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

YEAR: 7 8 9 10 11 12 (please circle one)

DAY AND DATES ABSENT: First Day: \_\_\_\_\_

Last Day: \_\_\_\_\_

REASON FOR ABSENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNED (PARENT/CARER): \_\_\_\_\_

DATE: \_\_\_\_\_

**Hand this note to your Roll Call teacher.** Absence notes must be submitted within 7 days of returning to school.



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