

NOTIFICATION of ABSENCE

Student Surname:		Parent/Guardian:	
Given Name:		Parent/Guardian number:	
Mobile number:		Yr 11 - 12	SG: <input type="checkbox"/>

1. Provide complete details for whole day absences in table below.
2. Complete individual lesson absences in timetable - mark each box and include parent signature.
3. Notification of Absence MUST occur within 7 days of a student's return to college.
4. The college policy requires students to explain all absences to fulfil assessment requirements.
5. Submit Notification of Absence to Student Services. Advise class teachers of reasons for absence.
6. Incomplete or unacceptable reasons for absence will be referred to students for further details from the Parent/Guardian

Note attachments: Medical certificate				Letter		Other (specify)	
From:		To:		Signature:		Date:	
Day	Date	Day	Date				
Reason for absence:							

TIMETABLE

Parents please initial in the lesson spaces when absence is for part of a day.

Monday	Tuesday	Wednesday	Thursday	Friday
8.40 am A	8.40 am E	8.40 am F	8.40 am G	8.40 am D
9.20 am B				
10.00 am C				
10.40 am Recess	10.40 am Recess	10.40 am Recess	10.40 am Recess	10.40 am Recess
11.00 am D	11.00 am A	11.00 am B	11.00 am E	11.00 am F
11.40 am SG			12.00 noon A	12.00 noon B
12.20 pm E				
1.00 pm Lunch	1.00 pm Lunch	1.00 pm Lunch	1.00 pm Lunch	1.00 pm Lunch
1.40 pm F	1.40 am C	1.40 am D	1.40 pm C	1.40 pm H
2.20 pm G	2.40 pm G	2.40 pm H	(Sport and productions)	(Programs)
3.00 pm H (Programs)				
3.40 pm	3.40 pm	3.40 pm	3.40 pm	3.40 pm

Student Services Approval:	Yes No	Date received:	
Notes:		Attend code:	
		Reviewed by:	
		Entered:	