



Eden Hill Primary School  
83A Ivanhoe Street  
Eden Hill WA 6054  
Tel: 6455 0800

### STUDENT ABSENCE

Student's Name: \_\_\_\_\_

Room No: \_\_\_\_\_

Was absent from school on: \_\_\_\_\_ (date)

For the following reasons: (please tick)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Illness  |
| <input type="checkbox"/> | Injury   |
| <input type="checkbox"/> | Dental Appointment                             |
| <input type="checkbox"/> | Medical Appointment                            |
| <input type="checkbox"/> | Approved Educational Activities: eg PEAC, JETS |
| <input type="checkbox"/> | Other: Please complete the reason below.       |
| Reason:                  |  |
|                          |  |
|                          |  |

Parent/Caregiver Name: \_\_\_\_\_

Parent/Caregiver signature: \_\_\_\_\_

Date: \_\_\_\_\_



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