

ALBERT PARK PRIMARY SCHOOL
ABSENCE NOTIFICATION

CHILD'S NAME: _____ GRADE: _____

WAS/WILL BE absent from school on _____

REASON FOR ABSENCE (please tick)

ILLNESS	DOCTOR	DENTIST
HOSPITAL	HOLIDAY	KEPT HOME
OTHER (please state) _____		

Parent's/Guardian's Signature _____



ALBERT PARK PRIMARY SCHOOL
EARLY DEPARTURE NOTICE

THIS NOTE IS TO BE GIVEN TO THE CLASS TEACHER
BEFORE REMOVING THE CHILD FROM THE SCHOOL

CHILD'S NAME: _____ GRADE: _____

TIME OF DEPARTURE : _____ RETURN TIME : _____

REASON:

SIGNATURE : _____ DATE: _____



ALBERT PARK PRIMARY SCHOOL
LATE ARRIVAL NOTICE

THIS NOTE IS TO BE GIVEN TO THE CLASS TEACHER
UPON ARRIVAL

CHILD'S NAME: _____ GRADE: _____

TIME OF ARRIVAL : _____

REASON:

SIGNATURE : _____ DATE: _____