



**St Leo the Great  
Catholic Primary School**

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## **NOTIFICATION OF ABSENCE FROM SCHOOL** **(FOR A PERIOD OF MORE THAN 3 DAYS)**

**FAMILY NAME** \_\_\_\_\_

**CHILDREN NAMES**

<b>1</b>	_____	<b>GRADE</b>	_____
<b>2</b>	_____	<b>GRADE</b>	_____
<b>3</b>	_____	<b>GRADE</b>	_____
<b>4</b>	_____	<b>GRADE</b>	_____

**DATE OF FIRST DAY OF ABSENCE**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE OF RETURN TO SCHOOL**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF ABSENCE IS DUE TO TRAVEL PLEASE INDICATE THE PLACE WHERE THE CHILD/REN ARE TRAVELLING TO** \_\_\_\_\_

**SIGNED** \_\_\_\_\_