



RICHMOND PRIMARY SCHOOL
BRIGHTON STREET
RICHMOND 3121
Phone: 9428 1909 Fax: 9428 9085
Email: richmond.ps@edumail.vic.gov.au

STUDENT ABSENCE

My Child _____ in Grade _____ was absent from school on the following date(s):

Beginning date: _____ (complete only this line if one days absence)

End Date: _____ (complete if more than one days absence)

This absence was for the following reason (please tick appropriate box):

- Illness
- Medical Appointment
- Parent Choice
- Holiday (please complete Application for Extended Leave)
- Other (Please specify) _____

Signed: _____ Date: _____
Parent / Guardian

Please provide to your child's teacher upon return to school and notify the school on your child's first day of absence (94281909).

Any further information or comments:
