In order to more effectively manage public health issues, this form must be completed, signed and returned to the school for approval before your child is able to return to class.

Student Name: _____________________________ Grade: _________

All students please return this form to Student Reception.

Please tick the reason for absence:

☐ Appointment

☐ Illness: Please state the nature of the illness ____________________________

☐ Injury: Please state the nature of the injury ____________________________

☐ Other: Please specify details ____________________________

What date/s was your child away from school?

From: _____ / _____ / _____ to _____ / _____ / _____ inclusive.

Please ensure that your child is not infectious before returning to school out of consideration for other members of the school community.

Parent/Guardian name: _____________________________

Parent/Guardian signature: _____________________________

Date: ________________