

**PARENT'S COPY**  
*(Keep for your records)*



**BALGOWNIE PUBLIC SCHOOL**  
**ABSENTEE NOTE**

Date Note Sent:  
\_\_\_/\_\_\_/\_\_\_

Student's Name: .....Class: .....  
Dates of Absence: .....

Student: \_\_\_\_\_

Reason for Absence: .....

Date of Absence:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Certificate attached Yes /No  
*(A Certificate is required for absences of three days or more.)*

Reason given:  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: .....  
Parent / Caregiver Signature: .....  
Date: \_\_\_/\_\_\_/\_\_\_ *(Return this section to school)*

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