

QUEEN ELIZABETH II PRIMARY (Pomeroy) SCHOOL



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ABSENCE NOTE

Name of child: _____

Class: _____

Date(s) of Absence _____

Reason for Absence _____

Please do not write "feeling unwell". You must clearly state the illness your child experienced.

Signature of Parent/Guardian: _____ Date: _____

Please return in a sealed envelope or via e-mail to srobinson243@c2kni.net on your child(s) return to school. Titled: Name of child/Absence note