



Chapman
Primary School



Perry Drive Chapman ACT 2611
Telephone: 6205 7300 Fax: 6205 7307
e-mail: school.information@chapmanps.act.edu.au
ABN: 48 529 566 431

"Achieving Excellence Together"

PARENT NOTE TO EXPLAIN ABSENCE

STUDENT NAME _____
Given Name Surname

CLASS _____

DATE/S OF ABSENCE _____

TYPE OF ABSENCE:

Please tick the appropriate box and in space below give an explanation for the absence

Leave Leave during the day
(Students will need to be signed in and out of school)

Sick

Explanation for the Absence: _____

Medical Certificate attached: Yes No

Parent/Guardian Signature: _____

Date: _____ Parent Contact Number: _____



Chapman
Primary School



Perry Drive Chapman ACT 2611
Telephone: 6205 7300 Fax: 6205 7307
e-mail: school.information@chapmanps.act.edu.au
ABN: 48 529 566 431

"Achieving Excellence Together"

PARENT NOTE TO EXPLAIN ABSENCE

STUDENT NAME _____
Given Name Surname

CLASS _____

DATE/S OF ABSENCE _____

TYPE OF ABSENCE:

Please tick the appropriate box and in space below give an explanation for the absence

Leave Leave during the day
(Students will need to be signed in and out of school)

Sick

Explanation for the Absence: _____

Medical Certificate attached: Yes No

Parent/Guardian Signature: _____

Date: _____ Parent Contact Number: _____