



St Anthony's School

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"A light beneath our feet"

LEAVE OF ABSENCE FORM

DATE: _____

FAMILY NAME: _____

STUDENT'S NAME: _____

CLASS: _____ TEACHER: _____

REASON FOR ABSENTEEISM: _____

DATE OF LAST DAY AT SCHOOL: _____

DATE OF RETURN TO SCHOOL: _____

TOTAL NUMBER OF SCHOOL DAYS ABSENT: _____

PARENT'S SIGNATURE: _____

**PLEASE ARRANGE TO COLLECT WORK FOR YOUR CHILD FROM
THE CLASSROOM TEACHER**

OFFICE USE ONLY

TEACHER'S SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____

DATE: _____