



"A light beneath our feet"

St Anthony's School

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LEAVE OF ABSENCE FORM

FAMILY NAME: _____

STUDENT'S NAME: _____

CLASS: _____ TEACHER: _____

REASON FOR ABSENCE: _____

DATE OF LAST DAY AT SCHOOL: _____

DATE OF RETURN TO SCHOOL: _____

TOTAL NUMBER OF SCHOOL DAYS ABSENT: _____

PARENT'S SIGNATURE: _____ DATE: _____

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