



Illabo Public School

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Learn for Life

Illabo Public School
1 Layton Street
Illabo NSW 2590

Absentee Note

Student's Name:							Class/Year:								
Absent from:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					D	D	/	M	M	/	Y	Y	Y	Y
Absent to:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					D	D	/	M	M	/	Y	Y	Y	Y
Reason for absence:															
Parent/Guardian Name:															
Parent/Guardian Signature:															