Sacred Heart Mona Vale

**Full Day/s ABSENCE**

Student’s Name:  

Class:  

Date:  

Dates of leave from  to  

No of school days  

<table>
<thead>
<tr>
<th>IMPORTANT - FORM A1 or B1 TO BE COMPLETED FOR:</th>
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<td>Form A1 = More than 9 DAYS absence for a holiday.</td>
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<tr>
<td>Form B1 = Employment in entertainment industry/participation in elite sporting event for short periods of time.</td>
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**Forms A1 and B1 available on school website**

Reason given (please tick one)

- [ ] Sick / Unwell (S)
- [ ] Medical/Dental Appt (S)
- [ ] Pressing Domestic Necessity (L)
- [ ] OT/ Speech Therapy/Other Specialist Appt (L or M)
- [ ] Other (please describe e.g. holiday) (L) or (B) or (H) or (F)

Please provide details about the reason for Absence

Parent / Guardian name (please print)  

Parent / Guardian signature  

*Student must present this slip to the Class Teacher*

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