

## Phone (03) 5475 1484 Email

maldon.ps@edumail.vic.gov.au

Student absence notification						
Name:						
Grade:						
Date/s of absence:						
Time of absence: all day am pm						
ason: illness medical appointment dental appointment other (please specify)						
Signature:						
Parent/guardian name:						
If this absence is a Parent Choice absence (including a family holiday) then it is a department requirement that <u>PRIOR</u> approval from the Principal is required. Please contact the office to discuss this absence.						
Principal approval: granted not granted Principal's signature:						

ALDON PRIMARY SCHOOL	maldo	(03)	Phone 5475 1484 Email edumail.vic.gov.au				
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