



**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

Reason:            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 PRIOR approval from the Principal is required. Please contact the office to discuss this absence.

Principal approval:            granted    not granted

Principal's signature: .....

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