



227 York St, PO Box 401, Launceston, Tas, 7250

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REQUEST FOR STUDENT ABSENCE

Date of request:	
Student's name:	Grade:
	Grade:
	Grade:
	Grade:
	Grade:
Dates of Absence:	till
Reason for Absence:	
I have let the class teacher know of the in	ntended absence: Yes / No
Name:	(parent/guardian)
Signed:	(parent/guardian)
Approved: Yes / No	
Principal Signature:	Added to file:/ By: