

**Governor Philip King Public School
Student Absence Note**

PARENT COPY

Full day absence

Date Note Sent _____ Student's Name _____ Class _____

_____ Date(s) of Absence(s) _____

Date(s) of Absence(s) _____ Reason for absence _____

_____ Reason given _____ Contact phone no _____

_____ Signature _____ Date _____

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