ABSENTEE NOTICE – NSW Education Act of 1990 – Compulsory School Attendance.

**PARENT COPY**  
Date note sent: / /200  
covering .......... full school days  
from: / /200  
to: / /200  
**OR** a partial day  
from: .......... am/pm  
to: .......... am/pm  
**REASON GIVEN:** .....................  
........................................  
........................................  
........................................

**LANSDOWNE PUBLIC SCHOOL**  
**ABSENCE NOTE**  
No 1

Student’s Class......................  

........................................  
........................................  
........................................  
First Name ........................................  
Surname ........................................  

This note covers .......... full school day(s) from / /200 to / /200  
**OR** a partial absence from .......... am/pm to .......... am/pm on / /200  
The reason for the absence is .................................................................  

........................................  
Signature: ........................................ (Parent/Carer)  
Date: / /200  

ABSENTEE NOTICE – NSW Education Act of 1990 – Compulsory School Attendance.

**PARENT COPY**  
Date note sent: / /200  
covering .......... full school days  
from: / /200  
to: / /200  
**OR** a partial day  
from: .......... am/pm  
to: .......... am/pm  
**REASON GIVEN:** .....................  
........................................  
........................................  
........................................

**LANSDOWNE PUBLIC SCHOOL**  
**ABSENCE NOTE**  
No 2

Student’s Class......................  

........................................  
........................................  
........................................  
First Name ........................................  
Surname ........................................  

This note covers .......... full school day(s) from / /200 to / /200  
**OR** a partial absence from .......... am/pm to .......... am/pm on / /200  
The reason for the absence is .................................................................  

........................................  
Signature: ........................................ (Parent/Carer)  
Date: / /200  

ABSENTEE NOTICE – NSW Education Act of 1990 – Compulsory School Attendance.

**PARENT COPY**  
Date note sent: / /200  
covering .......... full school days  
from: / /200  
to: / /200  
**OR** a partial day  
from: .......... am/pm  
to: .......... am/pm  
**REASON GIVEN:** .....................  
........................................  
........................................  
........................................

**LANSDOWNE PUBLIC SCHOOL**  
**ABSENCE NOTE**  
No 3

Student’s Class......................  

........................................  
........................................  
........................................  
First Name ........................................  
Surname ........................................  

This note covers .......... full school day(s) from / /200 to / /200  
**OR** a partial absence from .......... am/pm to .......... am/pm on / /200  
The reason for the absence is .................................................................  

........................................  
Signature: ........................................ (Parent/Carer)  
Date: / /200  

ABSENTEE NOTICE – NSW Education Act of 1990 – Compulsory School Attendance.
ABSENTEE NOTICE – NSW Education Act of 1990 – Compulsory School Attendance.

**ABSENTEE NOTICE**

**DATE:** / /200

**REASON GIVEN:**

**Full School Day(s) from** / /200 **to** / /200

**Signature:** ____________________________  (Parent/Carer)  **Date:** / /200

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**ABSENTEE NOTICE**

**DATE:** / /200

**REASON GIVEN:**

**Full School Day(s) from** / /200 **to** / /200

**Signature:** ____________________________  (Parent/Carer)  **Date:** / /200

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**ABSENTEE NOTICE**

**DATE:** / /200

**REASON GIVEN:**

**Full School Day(s) from** / /200 **to** / /200

**Signature:** ____________________________  (Parent/Carer)  **Date:** / /200

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