

Parkview School

Absence Note

Pupil Name: _____

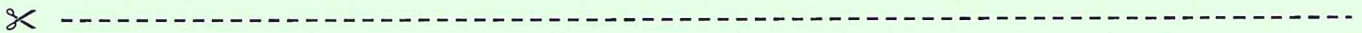
Date(s) of absence: _____

Date of return to school: _____

Reason for absence: _____

Signed: _____ (Parent/Guardian)

Date: _____



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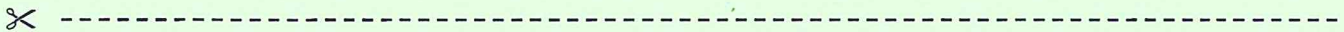
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