

FORM _____

Dear Ms/Mr _____

PLEASE PRINT

Tutorial Teacher

As Parent/Guardian of _____

I wish to advise that on ____ / ____ / ____

He/She was (tick applicable box)

Absent

Unable to complete set work

Late arrival to school

Requesting early departure

Time _____ am/pm

Time _____ am/pm

Reason _____

This section must be completed

Medical Certificate enclosed

Signature _____ Date ____ / ____ / ____

✂ -----