LIVERPOOL WEST PUBLIC SCHOOL
79-81 Hoxton Park Road
LIVERPOOL NSW 2170
Phone: 02 9602 8062
Fax: 02 9822 5093
liverpoolw-p.school@det.nsw.edu.au

Students' Name: ____________________________ Students' Class: ____________________________

Date/Dates of Absence: _________________________________________________________________

Reason for Absence: (Please tick one)

☐ SICK (Please explain) ________________________________________________________________

☐ RELIGIOUS CELEBRATION

☐ FAMILY REASONS (Please explain) ____________________________________________________

☐ OTHER ____________________________________________________________

Attached is a medical certificate: Yes ☐ No ☐

Parent/ Caregiver Signature: ____________________________ Date: ____________________________

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