



ST ANTHONY'S CATHOLIC COLLEGE

TOWNSVILLE

Received: ____/____/____ by: ____

NOTIFICATION OF ABSENCE

Please complete this form if your child/children are withdrawn from school for **more than two days**. Once completed and signed, please return to the office at Padua or Assisi.

Student's Full Name		Class	
Reason for Absence:			
Dates of Absence (Inclusive)			
From:		To:	
On the bottom of this form please provide details of any assessment or examinations which your child will miss during their time of absence.			
Please acknowledge the following:			
<input type="checkbox"/> I have read and I am aware of the content of the College Attendance Policy and Procedures.			
<input type="checkbox"/> I have read and I am aware of the content of the Assisi Assessment Policy and Procedures.			
<input type="checkbox"/> I am aware teachers will not be required to provide work for students who are absent for family holidays.			
Parent/Carer: _____			
Parent/Carer Signature:		Date: ____/____/____	

Please list the assessment / examination that your student will miss during their time of absence:

Subject	Draft / Final	Due Date / Examination Date



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OFFICE USE ONLY			
Comments/ Action Required:			
<input type="checkbox"/> Deputy Principal (Padua)	Signature: _____/_____/_____	<input type="checkbox"/> Deputy Principal Learning & Teaching (Assisi)	Signature: _____/_____/_____
NOTIFIED			
<input type="checkbox"/> Year Level Guardian	<input type="checkbox"/> Class Teacher/s	<input type="checkbox"/> Student Reception (for recording on Compass)	Signature: _____/_____/_____