



St Augustine's

KEILOR

Augustine's Way Keilor 3036
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Prolonged Student Absence form

(holidays and medical conditions extending for more than 3 days)

Student's First Name	
Student's Surname	
Class Name	
Class Teacher	
Start Date of Absence	
End date of Absence	
Explanation of Absence (eg; family holiday, Overseas holiday, medical procedure etc)	

Parent/Guardian First Name	
Parent/Guardian Surname	
Relationship to Child	
Phone/email contact	
Parent/Guardian Signature	

<i>Office Use Only</i>	
<i>Application Received</i>	/ /
<i>Application Recorded & Filed</i>	/ /