



St Augustine's KEILOR

Prolonged Student Absence form

(Holidays and known medical conditions/procedures extending for more than 3 days)

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

Parent/Guardian Full Name	
Relationship to Child	
Phone/email contact	
Parent/Guardian Signature	

Please submit this form to the class teacher before the absence and with reasonable notice.

Teacher Signature		Date	
Principal/Deputy Principal Signature		Date	

Office Use Only	
Application Received	
Application Filed	