



# Partial Absence – Early Departure

**Student's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

**Reason Given:** (Completed by Office Personnel - Please tick one)

- Sick / Unwell** (PaS)
- Medical / Dental Appt** (PaS)
- Pressing Domestic Necessity** (PaL)
- OT / Speech Therapy / Other Specialist Appt** (PaL) or (PaM)
- Other** (please provide reason)

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(PaL) or (PaM) or (PaA) or (PaE) or (PaB) or (PaF) or (PaH)

\_\_\_\_\_  
**Parent / Guardian's Name** (please print)

\_\_\_\_\_  
**Parent / Guardian's Signature**

*Student must present this slip to the Class Teacher on arrival to class.*

*School Office retains copy.*