INDOOROOPILLY STATE SCHOOL

NOTIFICATION OF EXTENDED ABSENCE

My child _____ in Year _____

Teachers Name: _____

will be absent from school from _____ until_____

for the following reason: _____

_____

_____

My child participates in the Instrumental Music Program YES / NO

Instrumental Music teachers name: _____

Signed _____ Date _____
Parent/Guardian

OFFICE USE ONLY

- ☐ **Photocopied for class teacher**
- ☐ **Photocopied for Instrumental teacher**
- ☐ **Entered on One School**
- ☐ **Filed**