

# Marrickville West Primary School



Work as One

Beauchamp St Marrickville 2204  
Ph: 9558 1137 Fax: 9559 5961  
**Email:** marrickviw-p.school@det.nsw.edu.au  
**Website:** marrickviw-p.schools.nsw.edu.au

## Absence from school

Dear \_\_\_\_\_ (Class Teacher)

My child \_\_\_\_\_ of class \_\_\_\_\_ was absent from school on  
(date/s) \_\_\_\_\_ because he/she:

☐ Was sick

☐ Urgent family matter

☐ Had a Medical or Dental appointment

☐ Other: \_\_\_\_\_

☐ Medical certificate provided \_\_\_\_\_

\_\_\_\_\_  
Parent/Carer:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

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