



Notification of Extended Absence

Family Name: _____ Date _____

Relationship to child/ren: _____

Child/ren requesting absence:

1/ _____

2/ _____

3/ _____

4/ _____

Date of extended absence;

From _____ To _____

Please outline the reason for extended absence: _____

For office use only

Sighted and signed-off by principal

Absence entered

Filed

X

Parent / Caregiver Name (please print)

X

Parent / Caregiver Signature

Please send to absences@ghs.school.nz or deliver to the Student Reception