



10 Eucalyptus Drive
HAMMOND PARK WA 6164
T 9494 3200
E Hammondpark.PS.Contact@education.wa.edu.au
W hammondparkps.wa.edu.au

REQUEST FOR ABSENCE DURING TERM TIME

To: Hammond Park Primary School

Re: _____
(Student's name and room number)

The above student(s) will be absent from Hammond Park Primary School for the following dates:

The reason is: _____

(Parent Name)

(Parent Signature)

Date: _____

Office Use Only

Absence entered: _____

(date entered)

(staff signature)

Email sent to Principal, Associate Principals, Teacher(s)

