

STUDENT ABSENCE NOTIFICATION FORM

The School Education Act 1999 requires parents to ensure that children of compulsory school age attend school on each day that the school is open for instruction, unless they are sick or there is another legitimate reason for them not to attend. It is also a requirement of the Education Act that the College be notified of the cause of the student's non-attendance within 3 school days of the day on which the non-attendance started.

As per Strathalbyn Christian College's Parent/Guardian Agreement, parents are reminded they have agreed:

- that my child will attend the College on every day that the school is open for instruction, except in the case of illness or other exceptional circumstances which preclude them from attending.

The College recognises that there may be exceptional circumstances which might prevent a child from attending school. All parental notifications of extended absence (10 school days or more, either consecutive or cumulative in one calendar year) must be made using this form and should be submitted to the Principal at least one month (30 days) before the requested absence dates.

Parents may be required to attend an appointment with the Principal to discuss the student absence.

INFORMATION ABOUT STUDENT ABSENCE			
Child's Name	Year Level	Child's Name	Year Level
DATES CHILD/REN WILL BE ABSENT (inclusive)			
From:		To:	
REASON FOR ABSENCE (please give detail)			

I understand:

- That any absence from school can have a detrimental affect on my child's education;
- That the College cannot be held accountable if my child/ren fall behind in their studies if they miss a significant portion of the academic programme;
- It is my responsibility to ensure that my child/ren continue with an agreed College educational programme during the absence from school;
- I will ensure my child/ren complete the school work provided, and will maintain regular contact with the teacher/s.

Parent's Name: _____

Contact No: _____

Signed: _____

OFFICE USE ONLY:

Principal	Communications Officer	Student Services
Initial: _____	Email: Parents, Senior Exec, Teachers	Entered Absence details in Sentral <input type="checkbox"/>
Date: ____/____/____	Initial: _____	Initial: _____
	Date: ____/____/____	Date: ____/____/____