



**MATER DEI CATHOLIC COLLEGE  
NOTIFICATION OF LEAVE/ABSENCE FROM SCHOOL LESS THAN 10 DAYS**

**STUDENT DETAILS**

Student Name:

Current School Year:

Homegroup:

Absent from:

Absent to:

Total days absent:

Reason for Leave:

**PARENT/CARER'S DETAILS**

Mother's Name:

Father's Name:

Residential Address:

Residential Address if different from Mother:

Email Address:

Email Address:

Phone Number:

Phone Number:

Mother's signature:

Father's signature:

**PRINCIPAL'S SIGNATURE/APPROVAL**

**YES/NO**

Name: Mrs Val Thomas

Position: Principal

Signature:

Date

Office use: emailed to: Dean Students/House Coordinator/Home group

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