

P.O. Box 21, Baxter 3911 120-128 Robinsons Road Langwarrin South 3911 Telephone: (03) 5971 6700

Email: info@baysidecc.vic.edu.au

Absenteeism Form

To be completed by the class teacher.

| Date of notice: | | | | / | / |
|--|-----------------|-----------------|-----------------------|----------------|---------|
| | | | | | |
| Student's Name: | | | | | |
| Unit of Study: | | | | | |
| Teacher: | | | | | |
| | | | | | |
| Dear | | | | | |
| College policy states that \same | | udents must | attend for at least 9 | 90% of class | es to |
| This term your son/daugh equating to an absence of | | | nis subject for a nun | nber of less | ons, |
| As a result, your son/daug record. | hter is in dang | er of failing t | his subject due to th | nis poor atte | endance |
| Please ensure your son/da supplied for any absences | | ent at all clas | ses and that a med | ical certifica | te is |
| Please sign and return this contact the teacher or coc | | - | • | eceipt. Feel | free to |
| Yours sincerely, | | | | | |
| | | | | _ | |
| Teacher's Name: | | | | | |
| Unit of Study: | | | |] | |
| Signed by Teacher: | | | | / | / |
| Signed by VCE Coordinat | or: | | | / | / |