

P.O. Box 21, Baxter 3911 120-128 Robinsons Road Langwarrin South 3911 Telephone: (03) 5971 6700 Email: info@baysidecc.vic.edu.au ABN 28 633 090 475

Absenteeism

Date of notice:			/	1	
Student's Name:					
Unit of Study:					
Teacher:					
	•				
Dear					
College policy states that satisfactorily pass their co			st attend for at least 9	00% of class	es to
This term your son/daughequating to an absence o			this subject for a num	nber of less	ons,
As a result, your son/dau <u>g</u> record.	ghter	s in danger of failing	this subject due to th	is poor atte	endance
Please ensure your son/d supplied for any absences		er is present at all cl	asses and that a medi	cal certifica	te is
Please sign and return thi contact the teacher or co		•	_	eceipt. Feel	free to
Yours sincerely,					
Signed by Teacher:				/	/
Signed by VCE Coordinat	tor:				

THIS FORM WILL BE RETAINED BY THE TEACHER AND A COPY GIVEN TO THE VCE COORDINATOR