

Queenstown Primary School

20 Robins Road, Queenstown

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Absence/Leavers Form

Student Name: _____ Room number: _____

Student Name: _____ Room number: _____

Student Name: _____ Room number: _____

Please tick one option

Holiday/Special Leave

The above students will be away from QPS:

From (last day of attendance) _____ to (first day back) _____

Contact email while away: _____

Reason: _____

Signed: _____ Date: _____

Leavers

The above students will be leaving QPS on (last day of attendance) _____

We will be transferring to (School name): _____

We will be going overseas (Country): _____

Forwarding address: _____

Signed: _____ Date: _____

Office Use: Library _____ Classroom teacher/s _____ Principal and file _____

Records to Office (date) _____ Records sent: _____