Student Name:	Class:
Date(s) of Absence:	Reason:
Parent / Guardian Signature:	Date:
	ublic School Absentee Note

Date(s) of Absence:	Reason:
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Bankstown North Public School Absentee Note			
Student Name:		Class:	
Date(s) of Absence:	Reason:		
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Bankstown North Public School Absentee Note				
Student Name:		Class:		
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