Absent Explanation/Sick Note To: Ulladulla High School	
Roll Class:	
Date/s absent:	
Parent/Carer's Name (Print)	
Signature	
Date (today's)	

Leave Pass Request Date	
To: Ulladulla High School	
Student's Name: ** (incl. surname) **	
Roll Class:	
Time student is required to leave:	
Time student is returning:	
Reason:	
Parent/Carer's Name (Print)	
Signature	
Contact Phone No.	