

30 Bay View Street, Rockingham, WA 6168
Phone: 9591 6700
Email: rockinghambeach.ps@education.wa.edu.au
Website: rockinghambeachprimarycampus.wa.edu.au



Rockingham Beach
Primary School

ABSENTEE FORM

Dear _____ Room _____
Teacher's Name

My child _____ was absent on _____
Student name Date/s

Reason:

Signed: _____ Date: _____
Parent / Carer

Please return this form to either the class teacher or the school office.