



STUDENT NON-ATTENDANCE FOR END OF YEAR ACTIVITIES PROGRAM

Please complete the section below and return to the Administration Office by Friday, 7th December 2018.

- 1. Student Name: _____ Form: _____
- 2. Student Name: _____ Form: _____
- 3. Student Name: _____ Form: _____

I, _____ (Parent/Guardian) of student/s listed above, do notify Mount Erin College that we have made other arrangements, therefore, my child will NOT be attending the End of Year Activities Program on the following day(s):

Monday, 17 th	Tuesday, 18 th	Wednesday, 19 th	Thursday, 20 th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing and returning this form, I accept responsibility for my child’s safety during the selected days.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Contact Phone No. _____

Date: ____ / ____ / ____