



Arthurs Creek Primary School

STUDENT EARLY DEPARTURE

My child _____ in Grade _____

will be departing school today at _____

due to the following reason:

(please fill in time and tick appropriate box)

Illness

Parent Choice

Medical / Dental Appointment

Other (please specify)

Please provide this to your child's teacher prior to taking student from classroom.

Arthurs Creek Primary School Tel 9714 8204



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Arthurs Creek Primary School 900 Arthurs Creek Road, Arthurs Creek, VIC 3099
Tel (03) 9714 8204 **Fax** (03) 9714 8433
Email arthurs.creek.ps@edumail.vic.gov.au **Website** www.acps.vic.edu.au



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