



Hawker College Absence Form

Absence phone number: 02 6142 0382

Email: absences@hawkerc.act.edu.au

Full Name of Student: _____

Year: _____ **Home Group:** _____ **Home Group Teacher Signature:** _____

Time Absent: Please provide the date, day and indicate if the student was absent all day or for specific timetable lines.

(Please find a copy of the student timetable on the reverse side of this form for your convenience).

Date	Day	Time Absent		Reason
		All Day (✓)	Line/s	
___/___/___				
___/___/___				
___/___/___				

Please attach any Medical Certificates or supporting documentation.

Parent/Guardian Name (Printed): _____

Phone: _____ **Email:** _____

Parent/Guardian Signature: _____ **Date:** _____

HAWKER COLLEGE

Semester 1

Engage | Inspire | Achieve

	Tuesday	Wednesday	Thursday	Friday
Monday				
Line 7 9:30 - 10:00	Line 2 9:20 - 11:00	Line 3 9:20 - 11:00	Line 1 9:20 - 10:10	Line 4 9:20 - 11:00
Line 6 10:00 - 10:30				
Line 5 10:30 - 11:00				
RECESS 11:00 - 11:30	RECESS 11:00 - 11:20	RECESS 11:00 - 11:20	RECESS 11:00 - 11:20	RECESS 11:00 - 11:20
Line 4 11:30 - 12:00	Line 1 11:20 - 1:00	Line 5 11:20 - 1:00	Line 7 11:20 - 1:00	Line 6 11:20 - 1:00
Line 3 12:00 - 12:30				
Home Group 12:30 - 1:00				
LUNCH 1:00 - 1:40	LUNCH 1:00 - 1:40	LUNCH 1:00 - 1:40	LUNCH 1:00 - 1:40	LUNCH 1:00 - 1:40
Line 2 1:40 - 2:10	Line 7 1:40 - 2:30	Line 6 1:40 - 2:30	Line 8 1:40 - 3:20	Line 5 1:40 - 2:30
Line 1 2:10 - 2:40				
Line 8 2:40 - 3:20	Line 8 2:30 - 3:20	Line 4 2:30 - 3:20	Line 3 2:30 - 3:20	