



ABSENCE NOTIFICATION FORM



Please Note – This form must be completed for each period of pupil absence and returned to the school immediately.

Name of Pupil \_\_\_\_\_ Class Teacher \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_



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