## Student Absence

Please complete this form when your child has been absent from school due to illness/unforeseen circumstances or other authorised circumstances e.g. Post 19 College visit.

In the event of unplanned or unforeseen absence i.e. illness, please telephone school at your earliest convenience. In the event of a planned absence e.g. a doctor/dentist appointment please inform class staff via the home/school book.

This form should be completed and return to school to ensure a written record of the absence is given.

Thank you.
Stuart Jamieson
Head of Education

| Date of Absence: | Child's <br> Name: |
| :--- | :--- |
| Reason for Absence: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Signed by Person with Parental Responsibility: |  |
|  | Date: |

Attention staff: please pass completed forms to Sue Murphy, Senior Administrator.

