



Pupil Absence Form

Pupil name:

Class:.....

Start date of absence:

Start time of absence:.....

Return date:

Return time:

Reason: Medical/Dentist appointment Holiday

Illness/Sickness Other (please specify)

Please provide detailed reason for absence:

.....

.....

.....

Parent/Guardian name:..... **Parent/Guardian signature**.....

Date:

Please return completed form to Admin Office

Office Use Only

Absence Code: B C D E F G H I J L M N

(please circle)

O P R S T U V W X Y Z

Reviewed By:

Job Title:

Date: