

Full Day Absence – 1-9 days

Student name: Class:

Date:

Dates of leave from to No. of school days:



PARENTS PLEASE NOTE:

Form A1 – to be completed for absence of **more than 9 days**
These forms are available to download from the school website.

Form B1 – to be completed for employment in the entertainment industry / participation in elite sport event

Reason (please select one)

- Sick/Unwell (S) Medical/Dental Appointment (S) OT/Speech Therapy/Other Specialist (L or M)
 Pressing Domestic Necessity (L)
 Other (please describe, eg holiday)(L) or (B) or (H) or (F)

Parent/Guardian Name Parent/Guardian Signature:
(please print)

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