

## Partial Absence – Early Departure

Student name: ..... Class: .....

Date: ..... Departure time: .....



Reason (please select one)

- Sick/Unwell (PS)       Medical/Dental Appointment (PS)       Pressing Domestic Necessity (PL)
- OT/Speech Therapy/Other Specialist (PL or PM)
- Other (please describe) \_\_\_\_\_ (L) or (B) or (H) or (F)

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

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