

## Partial Absence – LATE ARRIVAL

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

Date: .....

Arrival time: .....



Reason (please select one)

- Sick/Unwell (S)       Medical/Dental Appointment (S)       OT/Speech Therapy/Other Specialist (L)
- Traffic / Late Bus / Overslept / No Reason / Running Late (L)       Pressing Domestic Necessity (L)
- Other (please describe) .....(L) or (B) or (H) or (F)

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

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