

Trinity St. Peter's C.E. Primary School

NOTIFICATION OF ABSENCE FROM SCHOOL

Date form completed: _____

Child's Name: _____ Class: _____

Will be absent from school from _____ to _____
(inclusive)

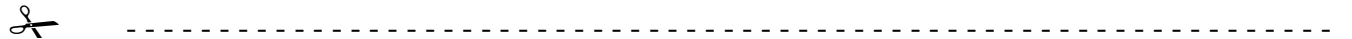
REASON: *(Please state whether the absence is a holiday / hospital / dental appointment, etc.)*

Signed:
(Parent / Legal Guardian)

PLEASE RETURN COMPLETED FORM TO THE SCHOOL OFFICE

This absence has been recorded as: **AUTHORISED / UNAUTHORISED**

For office use only - entered on computer (date) _____



FOR OFFICE TO COMPLETE

NOTIFICATION OF ABSENCE ~ RETURN SLIP

Child's Name: _____ Class: _____

Date(s) of Absence: _____

This absence has been recorded as **AUTHORISED / UNAUTHORISED**

This absence has been recorded as '**UNAUTHORISED**' for the following reason(s):-

Signed:
(Headteacher)

Entered on computer (date): _____