Absence form for Medical, Dental, Funeral, Music/Dance examinations etc.

Please complete to inform school of a planned absence for your child that is not for the purpose of a holiday.

Return the form to the school office.

Child's Name:					Class:		
Date of Absence:					Time of Appointment:		
Reason for Absence:							
Location of Appointment:							
Time child collected from school:					me child returning to school:		
Appointment evidence attached? YES/NO (if no, please give reason)							
Does your child need a lunch ordering? YES/NO Please circle the required option:							
	Choice 1: Dish of the	Choice 2: Vegetarian	Choice3: Jacket	Choice Sandw	_	Choice 5: Home	Choice 6: Lunch not
	Day	Option	Potato	Choic	ce	Sandwich	required
Signed: Date:							
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	Dish of the	Vegetarian	Jacket	Sandw	ich	Home	Lunch not
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