



## ABSENCE THROUGH ILLNESS FORM

I confirm that..... (name of child)  
was absent from school from.....to..... (please give dates)  
due to illness..... (please give details)

Signed ..... (parent/guardian)  
Date .....

---



## ABSENCE THROUGH APPOINTMENT FORM

I confirm that..... (name of child)  
will be absent from school on.....at..... (please give date and time)  
to attend an appointment for.....  
..... (please give details)

I anticipate that he/she will return at.....

He / she will require a school lunch to be ordered **Yes / No**

Signed ..... (parent/guardian)  
Date .....