

Education for life

APPLICATION FOR STUDENT ABSENCE OR SICKNESS REPORT following sickness absence			
Student Surname:	First name:	Class	ID#
Dates Requested, From:	To:	Total number of days:	
Purpose of holiday absence or reason for sickness absence:			
Signature of Parent:		Today's date:	*
Class Teacher name:		Signature:	
Application accepted / not accepted.	Signed:	Head of Sch	ool
Notes for Parents. We do not recommend absence on school days. Students can miss work which may			

never be caught up on. The school will not take responsibility for the performance of students who take long absences. Lost education may never be recouped. Holiday absence is not approved until you hear

from us. Unauthorized absence is dealt with very strictly.