

Newcastle Primary School

Pupil Absence Note

Pupil Name: _____ Class: _____

Date (s) of absence: _____ Date of return to school: _____

Reason for absence: _____

Signed: _____ (Parent/Guardian) Date: _____

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Date (s) of absence: _____ Date of return to school: _____

Reason for absence: _____

Signed: _____ (Parent/Guardian) Date: _____

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Pupil Absence Note

_____ will not be in school on _____
(pupil name) (day and date)

Please tick appropriate box:

He / she has a medical appointment with the doctor / hospital / optician / dentist
(please circle as appropriate)

If the appointment is early in the morning he / she will return to school at _____

If the appointment is later in the day he / she will be collected at _____

Other (please give details) _____

Signed: _____ (Parent/Guardian) Date: _____

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Signed: _____ (Parent/Guardian) Date: _____