

Student's Name: Class:

Date: Arrival time:

Reason given (please tick one)

- No Reason (L) Overslept (L) Running late (L)
- Traffic (L) Missed Bus/Train (L) Pressing Domestic Necessity (L)
- Medical/Dental Appt (s) Sick / Unwell (s) OT/ Speech Therapy/
Other Specialist Appt (L)
- Other (please describe (L) or (B) or (H) or (F)

.....
Parent / Guardian name (please print) Parent / Guardian signature

Student must present this slip to the Class Teacher on arrival to class

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