



a part of Swanland Education Trust
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ABSENCE NOTE

I should like to provide you with an absence note for:

Name of pupil: _____ Class: _____

Date(s) of absence (inclusive):

From: _____ To: _____ No. of days absent* _____

Reason for Absence: _____

**Should your child's absence last more than 5 consecutive days, please also provide supporting medical evidence; this medical evidence may take the form of prescriptions, appointment cards, etc.*

Signature of Parent/Carer: _____ Date: _____



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