

**EGLINTON PRIMARY SCHOOL*****PUPIL ABSENT REPORT FORM***

Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Reason for absence: please tick appropriate box and enter details of absence:

Sickness: ☐ .....Doctor's appointment: ☐ .....Dental appointment: ☐ .....Hospital appointment: ☐ .....Speech therapy: ☐ .....Other ( specify ): ☐ .....

Signed: ..... Parent / Guardian

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