EGLINTON PRIMARY SCHOOL EGLINTON PRIMARY SCHOOL PUPIL ABSENT REPORT FORM PUPIL ABSENT REPORT FORM Teacher: Teacher: Child's Name: Child's Name: Date(s) of absence: Date(s) of absence: Reason for absence: please tick appropriate box and enter details of Reason for absence: please tick appropriate box and enter details of absence: absence: Sickness: Sickness: Doctor's appointment: Doctor's appointment: Dental appointment: Dental appointment: Hospital appointment: Hospital appointment: Speech therapy: Speech therapy: Other (specify): Other (specify): Signed: Parent / Guardian Signed: Parent / Guardian EGLINTON PRIMARY SCHOOL EGLINTON PRIMARY SCHOOL PUPIL ABSENT REPORT FORM PUPIL ABSENT REPORT FORM Teacher: Teacher: Child's Name: _____ Child's Name: _____ Date(s) of absence: Date(s) of absence: Reason for absence: please tick appropriate box and enter details of Reason for absence: please tick appropriate box and enter details of absence: absence: Sickness: Sickness: Doctor's appointment: Doctor's appointment: Dental appointment: Dental appointment: Hospital appointment: Hospital appointment: Speech therapy: Speech therapy: Other (specify): Other (specify): Signed: Parent / Guardian Signed: Parent / Guardian