

Partial Absence – LATE ARRIVAL

STUDENT SURNAME		STUDENT FIRST NAME	
DATE: / /	ARRIVAL TIME: am / pm	CLASS:	

REASON GIVEN: (please tick one)

<input type="checkbox"/> No Reason (PA)	<input type="checkbox"/> Running late (PL)	<input type="checkbox"/> Missed Bus / Train (PL)	<input type="checkbox"/> Medical / Dental Appt (PS)
<input type="checkbox"/> Overslept (PL)	<input type="checkbox"/> Traffic (PL)	<input type="checkbox"/> Sick / Unwell (PS)	<input type="checkbox"/> OT / Speech Therapy / Other Specialist Appt (PL)
<input type="checkbox"/> Other (please describe)			
<i>*Class teacher to refer to guidelines for reason code</i>			

PARENT / GUARDIAN NAME (please print)

PARENT / GUARDIAN SIGNATURE

Student must present this slip to the Class Teacher on arrival to class. Teacher to file into student absence folder.

CLASS TEACHER SIGNATURE

Date ___/___/___

Entered in roll

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