

Absence from School

Pupil's Name: _____ Class: _____

Date(s) of absence: _____

Reason:

Please tick (as appropriate)	Illness <input type="checkbox"/>	Family reasons <input type="checkbox"/>	Other <input type="checkbox"/> E.g. holidays/religious observance
Specific details			

Signature: _____
Parent/guardian

Date: _____

Please attach medical/other certificates, where appropriate.

Incomplete forms will be returned, as full information is required by the school (and may be requested by the National Education Welfare Board).

Telephone: 4938677

Fax: 4951063

e-mail: info@retns.ie

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