Partial Absence – Late Arrival

Student’s Name: ___________________________  Class: _________

Date: ___________________  Arrival Time: __________

Reason Given: (please tick one)

- No Reason (PA)
- Traffic (PA or PL)
- Medical / Dental Appt (PS)
- Other (please describe) __________________________________________

- Overslept (PA or PL)
- Missed Bus / Train (PA or PL)
- Sick / Unwell (PS)
- OT / Speech Therapy / Other Specialist Appt (PL or PM)

- Running late (PA or L)
- Pressing Domestic Necessity (PL)

- Other (please describe) __________________________________________

Parent / Guardian’s Name (please print) ____________________________  Parent / Guardian’s Signature ___________________________

Student must present this slip to the Class Teacher on arrival to class.

Office Use Only □