

Partial Absence – Late Arrival



Student's Name: _____ Class: _____

Date: _____ Arrival Time: _____

Reason Given: (please tick one)

- | | | |
|---|--|---|
| <input type="checkbox"/> No Reason
(PA) | <input type="checkbox"/> Overslept
(PA or PL) | <input type="checkbox"/> Running late
(PA or L) |
| <input type="checkbox"/> Traffic
(PA or PL) | <input type="checkbox"/> Missed Bus / Train
(PA or PL) | <input type="checkbox"/> Pressing Domestic Necessity
(PL) |
| <input type="checkbox"/> Medical / Dental Appt
(PS) | <input type="checkbox"/> Sick / Unwell
(PS) | <input type="checkbox"/> OT / Speech Therapy / Other Specialist Appt
(PL or PM) |
| <input type="checkbox"/> 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

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