



## Student Absence Leave Form – COVID-19

Kindly complete the details regarding reasons for the absence.

A medical certificate is required as evidence of this leave.

Name of Pupil: ..... Year:.....

Day/s Absent

From: ..... Day .....Date

To: ..... Day .....Date

Number of School Days: .....

Reason for Absence.....

.....

Signed: ..... Date: .....

(Parent/Carer)

Medical Certificate attached

Yes

No

*Please return to the College as soon as possible so that rolls can be appropriately recorded.*