## ST ANGELA NURSERY SCHOOL

## **Absence Form**

My sor	n/dau	nughter:		
Kinder	garte	ten:		
Teache	er:			
Days a	nd D	Dates when absent:		
was aw	⁄ay fr	from school because: Tick ( $$ ) as appropriate:		
[	1	Sick		
	2	Family Bereavement		
-	3	Medical/ dental appointment		
	4	Other Reason (Please Specify)		
Signatu	ire of	of Parent/ Guardian:		
I.D. No	o. of l	f Parent/ Guardian:		
Teleph	one/	e/ Mobile No.:		
the abs	sence	does not come to school <b>parents/guardians must send the abo ce.</b> If a child does not come to school <b>due to a contagious illness certificate</b> stating that the child is fit to attend school, when s/h	s, parents/ guardians must prese	