



ABSENCE FORM

Date: _____

Dear Head of School,

My daughter/son _____ of Kinder/Year _____ was

absent from school on the following day/days: _____

_____ due to: (tick where applicable)

- ☐ Medical appointment (*to be accompanied by the appointment note*)
☐ Minor illness (headache, dizzy, light fever, flu, etc)
☐ Family bereavement
☐ Other (please specify) _____

NB: This school absence form cannot be used for more than 3 days in a month. When the student is absent for more than 3 days, a medical certificate, together with the medical certificate record card, is required.

Parent's/Guardian's name

Signature

ID card number

The School Administration