

EWELL CASTLE SCHOOL

Absence Note

Son's Name Form/Tutor Group

First date (*or time) of absence:

Date (*or expected time) of return to School:

Reason for absence:

(*give appointment time, place, treatment expected and means of transport)

.....
.....

Parent's Signature Tutor's Initials

*Applicable only if this form is used to request permission **in advance** for appointments which cannot be made outside school hours, e.g. dental/medical, driving test.

Please ensure that pupil signs in/out at the School Office

ProForma/Absence Note

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