

ST. MARTIN DE PORRES NATIONAL SCHOOL

Aylesbury, Tallaght, Dublin 24.

Note of Absence and Reason for Absence

Name of Child:		
Class:		
Teacher:		
Date(s) of Absence: From:	To:	No. of days
Reasons for Absence – Please tick: <input type="checkbox"/> Illness <input type="checkbox"/> Family Holiday <input type="checkbox"/> Urgent Family Reason <input type="checkbox"/> Bereavement <input type="checkbox"/> Religious Observance		If illness are you attaching a doctor's certificate? <input type="checkbox"/> Yes No <input type="checkbox"/>
Parent(s)/Guardian(s) Signature:		
Please return tomorrow to your child's class teacher. Thank you for your co-operation		

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