



COMHAIRLE NAN EILEAN SIAR

Department of Education

SICKNESS/ABSENCE CERTIFICATE SCHOOL PUPIL

This form should be completed for any days, or part days, that the pupil is not present in the school.

Name (in full)		Date of Birth	
Home Address		Class	
		School	

Give details of the reasons for absence. 'Illness', 'Unwell', 'Sick' or 'Appointment' is not sufficient. If the pupil was injured at school, please give details of the accident, i.e. date of accident, injury and whether reported. If the absence is for an appointment please, indicate where and when.

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Give details of dates absent from school

Date of first day of absence		Date of last day of absence		Number of school days absent	
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Parent's Signature		Date	
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Completed forms must be submitted to registration teacher or school office within 3 days of returning to school.