**STIRLING COUNCIL EDUCATION**

**FORM B NOTIFICATION OF LONG TERM ABSENCE DUE TO MEDICAL REASONS**

**CHILD / YOUNG PERSON’S DETAILS**

|  |  |
| --- | --- |
| Name: | DOB: |
| Address: | |
| Parent/Carer Name(s) and contact details including phone numbers: | |

**SCHOOL / CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of School: |  |
| Class / Year: |  |
| Telephone Number: |  |
| Support Co-ordinator:  (Name & e-mail address) |  |

**TYPE OF ABSENCE**

**LONG TERM ABSENCE (MEDICAL) AT HOME**

|  |  |
| --- | --- |
| Current attendance % |  |
| Dates of absence: |  |
| Reasons for absence: |  |
| Any current known hospital input: |  |
| Support currently being provided by school: |  |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send notification of any absence over 15 days continuous absence, or 20 days of intermittent absence, in a school term, due to medical reasons.**

*Please complete this notification form and send to:*

[asnrequest@stirling.gov.uk](mailto:asnrequest@stirling.gov.uk) **and** [mcintoshl@stirling.gov.uk](mailto:mcintoshl@stirling.gov.uk)