## Prolonged Student Absence form

*(holidays and medical conditions extending for more than 3 days)*

| | |
|---|---|
| Student's First Name | |
| Student's Surname | |
| Class Name | |
| Class Teacher | |
| Start Date of Absence | |
| End date of Absence | |
| Explanation of Absence (eg; family holiday, Overseas holiday, medical procedure etc) | |

| | |
|---|---|
| Parent/Guardian First Name | |
| Parent/Guardian Surname | |
| Relationship to Child | |
| Phone/email contact | |
| Parent/Guardian Signature | |

| Office Use Only | |
|---|---|
| Application Received | / / |
| Application Recorded & Filed | / / |