

Blisworth Community Primary School

School Absence Form

If your child is absent from school you are required to contact the school as early as possible. Please would you then complete the form below and return to the school office.

First Name of Child: _____

Surname: _____

Class: _____

Year group: _____

First Date of Absence: _____

Expected Date of Return: _____

Reason for absence: _____

Your Name: _____

Your E-mail Address _____

Contact Telephone Number _____