



Department of  
**Education**

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AN ROINN  
**Oideachais**

MÁNNYSTRIE O  
**Lear**

## ABSENCE NOTIFICATION FORM

**Please Note – This form must be completed for each period of pupil absence and returned to the school immediately.**

Name of Pupil \_\_\_\_\_

Class / Teacher Name \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed (Parent / Guardian)** \_\_\_\_\_

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