



**MARKETHILL PRIMARY SCHOOL
ABSENCE NOTIFICATION FORM**

Please Note: This form must be completed for each period of pupil absence, including half days, and returned to the school immediately.

Name of Pupil: _____ **Class/Teacher:** _____

Date(s) of Absence: _____ **Date of return to school:** _____

Reason:

Signed (Parent / Guardian): _____ **Date:** _____



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