



AD LUCEM

# ST BARTHOLOMEW'S SCHOOL

## STUDENT SICKNESS : for Parental Completion

Please note that if parents / carers do not complete and return this form your child will continue to be recorded as absent and this will be

**UNAUTHORISED**

<b>NAME</b>		<b>Tutor Group</b>	
-------------	--	--------------------	--

<b>Date Absence Began</b>	
<b>Date Returned to School</b> Please ensure that this form is returned to school on this day and given to the Tutor / House office.	
<b>Total No. of School Days Absent:</b> <b>Maximum 3 days</b>	
<b>Briefly state the reason for absence</b>	

**I confirm that my child has been absent due to sickness as detailed above.**

<b>Signed:</b>		<b>Dated:</b>	
<b>Name:</b>		<b>Relationship to student:</b>	

*Your email address if noted on our system, will act as your authorisation if you return this form electronically.*

### **Please note:**

#### **Attendance below 94%**

If school attendance has fallen below 94% please provide medical evidence otherwise the absence will not be authorised. If your GP cannot provide some form of letter or form, a copy of a prescription and/or medication can be shown to the Form Tutor / House Head or an appointment slip from the surgery.

#### **Attendance below 85%**

If your child's illness is an ongoing problem and attendance falls below 85%, the Education Welfare Officer may seek permission to write to your GP.