



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

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

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

Signed:		Dated:	
Name:		Relationship to student:	

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.