St Nicholas College – Mgarr Primary School Fisher Road, Mgarr MGR 9054 21574762 <u>snc.mgarr.pr@ilearn.edu.mt</u> <u>http://snc.mgarr.skola.edu.mt</u>

School Absence Form			School Absence Form		
Date: Dear Head of School,			Date: Dear Head of School,		
was absent from school on the following day/days:			was absent from school on the following day/days:		
due to: (tick where applicable)			due to: (tick where applicable)		
 Medical appointment (Hospital, dentist, SpLD, etc) (to be accompanied by the appointment note) 			Medical appointment (Hospital, dentist, SpLD, etc) (to be accompanied by the appointment note)		
 Minor illness (headache, dizzy, light fever, flu, etc) 			 Minor illness (headache, dizzy, light fever, flu, etc) 		
☐ Family bereavement			☐ Family bereavement		
Other (please specify)			☐ Other (please specify)		
every month. When the stude medical certificate, together wit			every month. When the stude medical certificate, together wit		
Parent's/Guardian's name	Signature	ID card number	Parent's/Guardian's name	Signature	ID card number
Approved / Not Approved			Approved / Not Approved		
Remarks:			Remarks:		
Ms Antonella Ferrante Acting Head of School			Ms Antonella Ferrante Acting Head of School		

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