## St Nicholas College – Mgarr Primary School Fisher Road, Mgarr MGR 9054

Schoo	I Absence Form		
	Dat	re:	
Dear Head of School,			Dear Head of S
My daughter/son	of	Kinder/Year	My daughter/so
was absent from school on the f	following day/days: _		was absent fron
	due to: (	tick where applicable)	
Medical appointment (Ho (to be accompanied by the ap)	☐ Medical (to be acc		
<ul> <li>Minor illness (headache, dizzy, light fever, flu, etc)</li> </ul>			☐ Minor illr
☐ Family bereavement			☐ Family b
☐ Other (please specify) _			□ Other (p
every month. When the studen certificate, together with the mo			every month. W certificate, toge
Parent's/Guardian's name	 Signature	 ID card number	Parent's/Guar
	J		
Approved / Not Approved			Approved / Not
Remarks:			Remarks:
Ms Antonella Ferrante			-

## St Nicholas College – Mgarr Primary School

Fisher Road, Mgarr MGR 9054

21574762 snc.mgarr.pr@ilearn.edu.mt http://snc.mgarr.skola.edu.mt

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	aloui 10001a oura, I	s required.
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