



St Nicholas College – Mgarr Primary School

Fisher Road, Mgarr MGR 9054

☎ 21574762 ✉ snc.mgarr.pr@ilearn.edu.mt 🌐 <http://snc.mgarr.skola.edu.mt>

School Absence Form

Date: _____

Dear Head of School,

My daughter/son _____ of Kinder/Year _____
was absent from school on the following day/days: _____
_____ due to: (tick where applicable)

- Medical appointment (Hospital, dentist, SpLD, etc)
(to be accompanied by the appointment note)
- Minor illness (headache, dizzy, light fever, flu, etc)
- Family bereavement
- Other (please specify) _____

NB: This school absence form cannot be used for more than 2 days every month. When the student is absent for 3 days or more, a medical certificate, together with the medical record card, is required.

Parent's/Guardian's name Signature ID card number

Approved / Not Approved

Remarks:

Ms Antonella Ferrante
Head of School



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