Partial Absence – Late Arrival (Primary)

Student’s Name: ___________________________________________ Class: _________

Date: ___________________________ Arrival Time: ______________

Reason Given: (please tick one)

☐ No Reason (PaA)

☐ Overslept (PaA or PaL)

☐ Running late (PaA or PaL)

☐ Traffic (PaA or PaL)

☐ Missed Bus / Train (PaA or PaL)

☐ Pressing Domestic Necessity (PaL)

☐ Medical / Dental Appt (PaS)

☐ Sick / Unwell (PaS)

☐ OT / Speech Therapy / Other Specialist Appt (PaL or PaM)

☐ Other (please describe) ________________________________________________

(PaL or (PaM) or (PaA) or (PaE) or (PaB) or (PaH)

Parent / Guardian’s Name (please print) Parent / Guardian’s Signature

Student must present this slip to the Class Teacher on arrival to class.

School Office retains copy.