



## Return to School Form

### To be used for all absences not supported by medical evidence (up to 2 days)

My Child \_\_\_\_\_ Class \_\_\_\_\_

was absent from school on \_\_\_\_\_

\_\_\_\_\_ (Please insert date/s)

Due to:

(Please provide the reason your child was absent from school- Please note; unwell, ill, illness or poorly are not valid reasons)

I understand that my child's attendance is extremely important in order for them to benefit from a full education. I understand my parental duty to limit absence to cases of genuine illness.

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please hand this form to the school office. The Senior Leader responsible for attendance has the right to decide if the reasons provided are valid and can therefore be marked as authorised.**

#### OFFICE USE ONLY:

Authorised:

Unauthorised:

SLT Member:

Date: \_\_\_\_\_

**Head of School: Mr D Booth**

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