



Islamia Primary School (VA)

129 Salusbury Road London NW6 6PE

Tel: 020 7372 2532 Fax: 020 7372 2425

ABSENCE FORM

Child's Full Name: _____ **Class:** _____

Date(s) of Absence: From _____ **(1st day of absence)**

To: _____ **(date of return to school)**

Reason for Absence: _____

Time of Return (if applicable) _____

Parent/Guardian's Signature: _____ **Date:** _____