

SICKNESS CERTIFICATE

This form should be completed by students absent from classes for a period of four working days or less (any day from Monday to Friday) by reason of illness/accident.

SURNAME (Block Capitals)
FORENAME(S)
SCHOOL.....
COURSE
Brief details of illness/accident:
.....
.....
Dates of absence due to illness/accident From: / / To: / /
Signature Date

This form should be handed in to the Head of School (or depute) on your return to classes.