

Scoil Náisiúnta Lomchluana

057 9345224



Re: Student Absence from School

Name of Student: _____ Class: _____

Date(s) of Absence: _____

Reason for Absence (Please tick appropriate box)

A. Illness B. Urgent Family Business C. Other (Please specify)

Signed: _____ Date: _____
Parent/Guardian

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