



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.