



**Diocesan Boys' School**  
**Absence Notification Form**

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_ ( )

Date of Absence: (Please "√" the appropriate box\* and circle the appropriate item^ below.)

Day	Date	Remarks
<input type="checkbox"/> Full Day*		
<input type="checkbox"/> Half Day*		AM / PM ^

Reason(s) for absence (Please / where appropriate and specify):

Sick / Medical Appointment (Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ )

Competition / Contest (Event: \_\_\_\_\_  
\_\_\_\_\_ )

External exam (Exam: \_\_\_\_\_  
\_\_\_\_\_ )

Others: \_\_\_\_\_  
\_\_\_\_\_

**Supporting document attached:** Yes / No (delete as appropriate)

Our son was absent due to the reason above. We understand that our son needs to follow up the teaching schedule, assessment required and matters arise in the absent period.

Signature of parent: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Contact number: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please submit this application form together with any supporting documents to the Class Teacher immediately upon returning to school and lessons. Unexcused absences include absences without a parent call/verification, without handing in the absence notification form and/or a doctor's certificate within 7 working days. (Refer to the guidelines for notification in the attendance policy for details.)*

