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# ABSENCE DURING TERM TIME

(ALL ABSENCE DURING TERM TIME IS UNAUTHORISED)

Child's Name:	Class:

**Reason for Absence:**

**Contact Details:**

Date Leaving	Date Returning to School	Number of school days missed

Signed: \_\_\_\_\_ Parent/Carer

Date: \_\_\_\_\_

Signed on behalf of Oasis Academy Johanna: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



inquire  
inspire  
innovate  
impact

