** Absence**

**Form**

**Dear Parent/Guardian,**

**Please complete this form and hand it to a member of staff.**

**These details are required for the Early Years Funding criteria.**

**Please see the Pre School Information pack for Absence Policy on Charging for absence for unfunded Children / Hours.**

**Thank you.**

Name of child................................................................................................

Date of absence............................................................................................

Reason for absence:

* **Illness**
* **Appointment**
* **Holiday Dates ………………………………………………………..**
* **Other ………………………………………………………………………………………………..**

Signed..............................................................................(parent/guardian)

Print name....................................................................................................

Alternative sessions may be available, speak to Louise to check. Alternative sessions if available must be taken within the same week.

---------------------------------------------------------------------------------------------------

For Pre School Staff Use Only

Was this absence Pre Agreed with 7 days notice Yes / No

Were alternate sessions Agreed Yes / No

Authorise by .................................................................................................

** Absence**

**Form**

**Dear Parent/Guardian,**

**Please complete this form and hand it to a member of staff.**

**These details are required for the Early Years Funding criteria.**

**Please see the Pre School Information pack for Absence Policy on Charging for absence for unfunded Children / Hours.**

**Thank you.**

Name of child................................................................................................

Date of absence............................................................................................

Reason for absence:

* **Illness**
* **Appointment**
* **Holiday Dates ………………………………………………………..**
* **Other …………………………………………………………………………………………………..**

Signed..............................................................................(parent/guardian)

Print name....................................................................................................

Alternative sessions may be available, speak to Louise to check. Alternative sessions if available must be taken within the same week.

---------------------------------------------------------------------------------------------------

For Pre School Staff Use Only

Was this absence Pre Agreed with 7 days notice Yes / No

Were alternate sessions Agreed Yes / No

Authorise by .................................................................................................