

**COMHAIRLE NAN EILEAN SIAR**

Department of Education

**School Use Only**

Date Received:

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**SICKNESS ABSENCE CERTIFICATE FOR SCHOOL PUPILS****NOTE 1** This form should be completed for any period of incapacity for school up to five school days.**NOTE 2** Where the period of incapacity for school is more than five school days a Doctor's Statement is also required. This form should be completed for any days not covered by a Doctors' Statement.

Name (in full)		Date of Birth	
Home Address		Class	
		School	

**Give details of the reasons for your absence. 'Illness', 'Unwell', 'Sick', or 'Pregnant' are not sufficient. If injured at school please give details of your accident, i.e. date of accident, injury and whether reported.**

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**Give details of dates absent from school due to illness**

Date of first day of illness		Date of last day of illness		Number of school days absent	
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- I declare that the above information is true and accurate to the best of my knowledge. I understand that to give false or misleading information may result in the withdrawal of my EMA and disciplinary action.*

Pupil's Signature		Date	
Head Teacher's Signature		Date	
Parent's Signature		Date	

**NOTE 3** Completed forms must be submitted to: ..... within 3 days of returning to school. Failure to do so will result in the forfeit of EMA payments for the week/weeks in which the absence occurs.