

EDENDERRY PRIMARY SCHOOL

COVID 19 – ABSENCE NOTE

CHILD'S NAME: _____

CLASS: _____

ABSENCE DATES: FROM _____

TO _____

PLEASE TICK ✓ FROM THE FOLLOWING LIST WHICH APPLIES TO YOUR CHILDS ABSENCE: -

- **ISOLATING** - contact tracing advice
 - **ISOLATING** - household member positive
 - **ISOLATING** - family member awaiting results
 - **ISOLATING** - return from holiday

 - **SHIELDING** - vulnerable
 - **SHIELDING** - household member vulnerable
- SHIELDING CATEGORIES MUST BE DISCUSSED WITH THE PRINCIPAL AND MEDICAL SUPPORT PROVIDED
- **LEARNING** - from home
 - **LEARNING** - from home – transport failed (*Education Authority Taxi*)

 - **ILL** - COVID positive
 - **ILL** - COVID symptoms
 - **REFUSAL** - fear of Covid

 - **ILL** - please state reason for absence below other than COVID**

**REASON _____

**DUE TO COVID IT IS EXTREMELY IMPORTANT SCHOOL
IS AWARE OF WHY CHILDREN ARE ABSENT**

**ALL COVID POSITIVE TESTING MUST BE EMAILED IMMEDIATELY TO SCHOOL AS
PROOF TO WHY YOUR CHILD IS ABSENT – info@edenderry.banbridge.ni.sch.uk**

**THIS IS A LEGAL REQUIREMENT FOR ALL PUPILS ABSENT FROM SCHOOL DURING THE
SCHOOL YEAR 2020 – 2021.**

ALL NOTES MUST BE RETURNED TO SCHOOL IMMEDIATELY ON YOUR CHILD'S RETURN TO SCHOOL.

SIGNED: _____ PARENT/GUARDIAN