



GLENAGEARY
KILLINEY
NATIONAL SCHOOL

Pupil's Name: _____

Class: _____

Date(s) of absence: _____

Reason for absence:

	No. of days
A. Illness	
B. Urgent Family Reasons	
C. Expelled	
D. Suspended	
E. Other	
F. Unexplained	
G. Transfer to Another School	

Parent's/ Guardian's Signature: _____



GLENAGEARY
KILLINEY
NATIONAL SCHOOL

Pupil's Name: _____

Class: _____

Date(s) of absence: _____

Reason for absence:

	No. of days
A. Illness	
B. Urgent Family Reasons	
C. Expelled	
D. Suspended	
E. Other	
F. Unexplained	
G. Transfer to Another School	

Parent's/ Guardian's Signature: _____