



Knightswood Secondary School

Absence Confirmation.

Student Tutor:

Reg Group:

Name of Pupil _____

Period of absence from _____ to _____

Please sign and return to Student Tutor to acknowledge this absence

SignatureDate

Parent

Guardian

Other

Please contact your child's Pastoral Care Teacher if you were unaware that your child was absent or have any queries regarding the above absence.



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