 

**Return of Educational Facility Parental Declaration Form**

**Name of Setting: Aughadreena N.S. Acting Principal: Mrs. Eilish Smith**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Absence (please tick)**

**Illness Urgent Family Reasons Holidays Other**

**This form is used when children are returning to the setting after any absence. Please give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/s of absence: from:\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ No of days absent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration:**

**I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.**

**Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 

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