

Phorms Campus Hamburg  
Wendenstr 35-43  
20097 Hamburg  
T +49 40 325 370 50  
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### SICK NOTE

If your child's illness is expected to last more than 2 days, please send this document to school immediately.  
In case of shorter absence please ask your child to take it to reception when he/she comes to school again.

I hereby confirm that the Phorms student

..... class..... is / was sick and therefore unable to attend school.  
Surname, Name

He/ She suffered from

.....

☐ on ..... (eligible for **one day** of absence)

☐ from ..... to ..... (in case the date of return to school is unsure, please indicate)

....., .....  
place date

.....

Signature parent /legal guardian / other (indicate)

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