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

I hereby confirm that the Phorms student

F +49 40 325 370 55



SICK NOTE

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

	class	ic / v	vas sick and there	fore unable to att	and school
Surname, Name	Class.	15 / V	vas sick allu tilele	iore unable to att	ena school.
He/ She suffered from					
on(eligible for o	ne day of absence)				
□ from to	(in ca	ase the date c	f return to school	is unsure, please	indicate)
place da	ate				
Signature parent /legal guardian / other (indicate)					
Phorms Campus Hamburg Wendenstr 35-43 20097 Hamburg					CAMPUS HAMBURG phorms education
T +49 40 325 370 50					•
F +49 40 325 370 55	SICK NO	<u> DTE</u>			
If your child's illness is expected In case of shorter absence pleas					
I hereby confirm that the Phorms student					
Surname, Name	class.	is / v	vas sick and there	fore unable to att	end school.
He/ She suffered from					
$lacksquare$ on (eligible for $oldsymbol{o}$	ne day of absence)				
□ from to	(in ca	ase the date c	f return to school	is unsure, please	indicate)
	ate				
signature parent /legal guardian / other (indicate)					