



EDUCATION MAINTENANCE ALLOWANCE

PUPIL SICKNESS CERTIFICATION FORM

Full Name _____

Date of Birth

D	D	M	M	Y	Y
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School / Base _____

Class (if applicable) _____

Guidance Teacher / Next Step Coach _____

First day of Illness

D	D	M	M	Y	Y
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 Last day of Illness

D	D	M	M	Y	Y
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REASON FOR ABSENCE
 (Give details of your illness – words like "illness", "unwell" or "sick" are not acceptable) _____

DECLARATION

I declare that the above details are true and accurate to the best of my knowledge

Signed _____ **Date**

D	D	M	M	Y	Y
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 (Pupil)
Signed _____ **Date**

D	D	M	M	Y	Y
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 (Parent/Carer)

NOW HAND THIS COMPLETED FORM TO YOUR SCHOOL OFFICE / BASE

Number of previous sickness-certification days (during this academic term/placement) b/fwd

Number of sickness-certification days (during this absence)

TOTAL SICKNESS-CERTIFICATION DAYS

Medical Certificate Due

D	D	M	M	Y	Y
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SEEMIS updated

D	D	M	M	Y	Y
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EMA Payment Authorised *please* ✓ Yes No

Signed _____ **Date**

D	D	M	M	Y	Y
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 (Authorised Signature)