



EDUCATION MAINTENANCE ALLOWANCE

PUPIL SICKNESS CERTIFICATION FORM

FOR ACADEMIC YEAR 2022 - 2023

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)