

**Lunch at the elementary school Plattling
„absence days“**

return to Stadt Plattling

SG B1 – z. H. Frau Illick

contact:

**09931 708-64 or grundschule.mittagessen@plattling.bayern.de
or mailbox, Rathaus, Preysingplatz 1**

First- and last name of the child, address:	class:
_____	_____

Cause of absence:	
<input type="checkbox"/> moving away, date: _____	
<input type="checkbox"/> signing off a regular class, date: _____	
<input type="checkbox"/> illness from _____ to _____	
<input type="checkbox"/> other reason: _____	
Plattling, _____	_____
	signature

Important note:

This form only needs to be filled if your child is absent for at least four consecutive days.

If no notification is made to Stadt Plattling within the first week after recovery, there is no entitlement to refund of the days of absence from Stadt Plattling.

If your child is ill for at least four consecutive days, the refund will be retrospectively to the days of absence.

The refunds will be initiated at the end of the school year!