

Certificate of Re-Admission to the European School Frankfurt after absence due to illness

(To be completed by the parents)

**According to the statement of the attending physician or the Health
Department - *Gesundheitsamt* - (after quarantine):**

Name:

Address & phone number:

Dated:

My child

Surname

First name

class:

may be re-admitted to the European School Frankfurt on

(Date)

Date

Signature of Legal Guardian(s)

After absence due to illness or quarantine, please bring this form with you when you return to school and hand it in to the health services/nurses before classes begin.