PERTH & KINROSS COUNCIL

Education & Children's Services

FORM EMA 24/25

EDUCATION MAINTENANCE ALLOWANCE

PUPIL SICKNESS CERTIFICATION FORM

FOR ACADEMIC YEAR 2024 - 2025

Full Name _____

Date of Birth | D | D | M | M | Y | Y |

School / Base _____

Class (if applicable) _____

Guidance Teacher / Next Step Coach _____

First day of Illness	D	D	M	M	Y	Y
Last day of Illness	D	D	M	M	Y	Y

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 |
(Pupil)

Signed _____ **Date** | D | D | M | M | Y | Y |
(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 |

SEEMIS updated | D | D | M | M | Y | Y |

EMA Payment Authorised *please* ✓ Yes ☐ No ☐

Signed _____ **Date** | D | D | M | M | Y | Y |
(Authorised Signature)