

APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL FOR MEDICAL APPOINTMENT



Full Name of Child: _____ Class: _____

Address: _____

Date of Appointment: _____

Reason for Application: _____

Expected time to arrive at school: _____

Expected time to be collected from school: _____

Will your child be requiring a lunch on the day: YES/NO

Signature of parent/Guardian: _____

Date of Application: _____

