

## Request for Absence for Medical or other Appointments

<b>Pupil Name:</b>		<b>Today's Date:</b>	
<b>Teacher:</b>	<b>Appointment Details:</b>		
	<b>Date:</b>	<b>Time:</b>	
<b>Period of absence:</b> (Please circle)		<b>Full Day</b>	
		<u>OR</u>	
<b>Time of leaving school:</b>		<b>Time of returning to school:</b>	
<b>Reason of Absence:</b>			
Please attach a copy of the appointment letter – this will be retained for pupil file			
<b>Parent Name:</b>		<b>Parent Signature:</b>	
<i>Office use only:</i>			
<b>Agreed</b> <input type="checkbox"/>	<b>Not Agreed</b> <input type="checkbox"/>	<b>Authorising Signature:</b>	<b>Date:</b>
<b>Notes</b>			

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