

**APPLICATION FOR PUPIL LEAVE OF ABSENCE FOR APPOINTMENTS**

Name of Pupil(s):

Class(es):

I request permission for my child to be absent from school for (reason):

On (date):

I will collect my child at (time):

I will return my child after the appointment: Yes / No

This will affect lunchtime: Yes / No

If yes, please state how:

They have a: Packed Lunch / School Dinner

Signature of parent/carer: Date:

***Please type name in capitals***

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**For school use only**

Authorised by office: (signature): ………………………...….. Date: ……………………

Refer to Head Teacher? (signature): ………………...….. Date:……………………

Arbor: