

MEDICAL/DENTAL APPOINTMENT – REQUEST FOR ABSENCE FROM SCHOOL

Whenever possible medical/dental appointments should be made outside of school hours. We understand this may not always be possible and if so, please complete the form below and return to school with as much notice as possible.

Name of child _____ **Class** _____

I request permission for my child to be absent from school on:

Date: _____ Time from: _____ to: _____

Reason _____

My child will be collected by _____

Copy of appointment letter attached Yes/No

Headteacher's Response

Absence approved

Headteacher's signature: _____ Date _____