

Application for Pupil Leave of Absence from school for Medical Appointment

Full Name of	Child	Class
Address		
Date of Appointment		
Reason for A	pplication	
Expected tim	e to arrive at school	
Will your child	d require a school meal on the day?	Yes/No
If 'Yes' please	e indicate meal choice	
Signature of I	Parent/Guardian	
Date of Applie	cation	

Executive Head: Mrs H Haines

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