

APPLICATION FOR LEAVE OF ABSENCE FOR MEDICAL APPOINTMENT

We politely request that you book your child's doctor/hospital/dentist/optician appointment for after the end of the school day or in the school holidays. Appointments during the day cause disruption and impact on your child's learning. If this is not possible, please complete the form below and return to the school office.

Name of child:	Class:
Date of appointment:	
Collection time from:	Time to:
Please tick the appropriate box below:	
Doctor Appointment: <input style="float: right;" type="checkbox"/>	
Hospital Appointment: <input style="float: right;" type="checkbox"/>	
Dentist Appointment: <input style="float: right;" type="checkbox"/>	
Optician Appointment: <input style="float: right;" type="checkbox"/>	
Other (please state):	
This cannot be taken after school/during the school holidays because:	

Please attach supporting documents, where possible, such as hospital letter or appointment card.

Signed _____
(parent)

Date _____

For school use only

Leave of absence authorised / not authorised

Signed _____

Date _____

(Headteacher/Deputy Headteacher)