**Appointments Leave Form**

Pupil Name …………………………………………………………………………………………………………………………………………………………..

Class…………………………………………………… Date of Appointment…………………………………………………………………………….

Date of request…………………………………………………………………………………………………………………………………………………….

Leave school at………………………………………………… Return to school at……………………………………………………………

Name and address of medical/dental/hospital

………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………

Please give details of reason for this appointment - if required the school may ask for evidence, such as doctors note, appointment card, etc …………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………….

Parent Contact Name ………………………………………………………………………………………………………………………………………………

Parent signature ………………………………………………………………………………………………………………………………………………………