

Application for Authorised Absence of a Pupil during Term Time:
UNAVOIDABLE MEDICAL APPOINTMENTS

USE FOR MEDICAL / DENTAL APPOINTMENTS ONLY
Please read this form in its entirety. One form must be completed <u>for each child</u> .
Name of child:
Class:
Date of requested absence:
Time of requested absence:
<i>Reason for request (this form is for medical/dental only)</i> Please make every effort to make the appointment out of school time as your child's attendance at school is important. (This section <u>must</u> be completed, or the request for absence will be <u>automatically rejected</u>)
Will your child be in school at the <u>start</u> of the school day? Yes / No
Will your child be at school for lunch? Yes / No
Signature of parent/carer Date.....
<i>This section is for school use only</i> <i>Authorised / Unauthorised</i>