

Pupil Leave Request Appointments

| Date of request: | | | |
|----------------------------|--------------|---------------------------|------|
| Name: | | | |
| Date of absence: | | | |
| Reason for reques | t: (Appointm | ent letters must be attac | hed) |
| | | | |
| | | | |
| | | | |
| | | | |
| Time you wish to collect | | | |
| your child: | | | |
| Time of appointment: | | | |
| Time expected to return to | | | |
| - | school: | | |
| Signed: | | | |
| Date: | | | |

To be completed by the class teacher

| Recorded on SIMS: | |
|----------------------|--|
| Signature: | |
| Date: | |

To be completed by the Head Teacher

| Authorised: | Yes/ No |
|-------------|---------|
| Signature: | |
| Date: | |