



APPLICATION FOR PUPIL LEAVE OF ABSENCE FOR MEDICAL/DENTAL APPOINTMENT



Full Name of Child: _____ Class: _____

Date and time of Appointment: _____

Reason for Application: _____

All appointments must be evidenced by showing/emailing a photo or screenshot of confirmation

Expected time to arrive at school after appointment: _____

Expected time to be collected from school for appointment: _____

Will your child be requiring a hot lunch on the day: YES/NO

Hot Veg Ham p/l Cheese p/l

Signature of parent/Guardian: _____

Date of Application: _____

School use only:

Evidence of appointment seen: On PA: Date _____