



PLANNED ABSENCE – APPOINTMENT

Wherever possible, appointments should be planned outside of school hours.

We appreciate that from time to time, that may not be possible. If your child has an appointment during school hours, please submit this form **AT LEAST 2 DAYS IN ADVANCE** so that our records are complete.

Student details:

Student(s) Name	PYP

Date of appointment & reason:

Date of Appointment:	Doctor	Dentist	Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	

Appointment details:

Time of appointment:	Time of departure from school:	Time of return to school:

Parent's Name _____ Date: _____

Parent's signature:

Approved:	Not approved:	Signature Head of School
<input type="checkbox"/>	<input type="checkbox"/>	

