**APPLICATION FOR LEAVE OF ABSENCE FOR A MEDICAL APPOINTMENT**

As a parent or carer you should fill in this form if you wish to take your child out of school to attend an appointment for **medical** reasons.

Please return the completed form to the Headteacher as soon as you have made the appointment stating the reason for the absence and the date and time required to be absent from school. Please attach a copy of the appointment card or letter.

Parent/carers should not expect leave of absence as a right.

The conditions under which leave of absence for term time may be granted are contained in the Education (Pupil Registration) Regulations 1995.

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| I request leave of absence for name/s and class.....................................................................................................................................................................Reasons for Appointment....................................................................................................................................................................................................................................................(please attach appointment card/letter) | Date of Appointment .....................................Time of Appointment ....................................Time leaving school ......................................Time returning to school ............................. |

NAME OF PARENT ..........................................................................................................................

PARENTS SIGNATURE ................................................................. DATE .......................................

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(for office use only)

Permission granted Yes / No

Reason for decision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head / Assistant Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_