

Leave of Absence Request Form – Medical

**Children with low attendance have reduced life opportunities and are less likely to attain at school.**

I note that this absence may impact on my child’s achievement. I request that you authorise an absence from School for my child to attend a medical appointment.

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| --- | --- | --- | --- |
| Pupil Name |  | Class |  |
| Name of adults with parental responsibility supervising pupil |  |

|  |  |
| --- | --- |
| Date and Time |  |

Total number of absences this academic year ……............

|  |
| --- |
| Reason for the absence, including where the child is going and details of any exceptional circumstances.  |
|  |

Signature of parent/carer: …..…………………………………..

 Date: ………………….

**FOR OFFICE USE**

Senior Leadership Team:……………………….……………….

Date:…………………..