



**APPLICATION OF LEAVE FOR MEDICAL APPOINTMENT**

As a parent or carer you should fill in this form if you are requesting to take your child out of school during the school day. The completed form should be submitted to the office as soon as possible.

**Name of child**..... **Class** .....

**Date of absence** .....

**Time (From)** ..... **(To)** .....  
*(inclusive)*

**I request leave of absence for the reason shown below:**

**Signed** .....**Parent/Carer** **Date**.....