

Office only: SIMS



St. Thomas' Catholic Primary School
Application for Leave of Absence (not holiday)
To be completed by Parent/Guardian and given to school

Child's name: _____ Class: _____

I request leave on _____ 20 (_____ day/s)

for the purpose of:

Medical appointment

Dental appointment

Optician appointment

Other (please state) _____

My child will leave school at: _____ am/pm

My child will return to school at: _____ am/pm

My child will have lunch at school Yes/No

Signed: _____ Dated: _____
(Parent/Guardian)

✂-----

St. Thomas' Catholic Primary School
Permission for Leave of Absence (not holiday)
To be completed by school and returned to Parent/Guardian

Child's name: _____ Class: _____

Permission for leave of absence on _____ has
been granted.

Signed: _____ Dated: _____
Mr C Wright - Acting Headteacher