St. William of Perth Catholic Primary School



Pupil Absence Form - Authorisation of absence for medical appointments

Medical Consultants and Orthodontist appointments are inflexible. Therefore if, despite your best efforts, your child's appointment has to be in school session time, please attach a copy of the letter of the appointment (if you have one) to this completed form and then return it to school. The absence form will be passed to the Headteacher for authorisation. The Headteacher will make contact only if further clarification is needed.

Please complete all boxes below:

| | • | | | |
|--|--------|-------------|------------|--|
| Child's Name: | | | | |
| Child's Class: | | | | |
| Date of Appointment: | | | | |
| Time of Appointment: | | | | |
| Leave School at: | | Return to S | School at: | |
| | | | | |
| Name and address of Medical/Dental centre/hospital: | | | | |
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| Please give details for this request and the reason why this appointment must be taken | | | | |
| during school hours: | | | | |
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| | | | | |
| Signature of Parent: | | | Date: | |
| | | | | |
| Authorised By: Headto *Delete as applicable | eacher | *Yes | *No. | |
| Date Authorised: | | | | |