



Harnham Infant School

LEAVE OF ABSENCE FORM 2 - for Medical/Dental/Optical

I would like my child.....Class.....

to be granted leave of absence from school for the following reason:

MEDICAL

DENTAL

OPTICAL

(Please circle as appropriate)

Date: Time:

I would like to collect my child from school at (time)

Please include a copy of the appointment letter or bring into school for Mrs Bowyer to copy. It is expected that the children will return to school after their appointment.

Signature.....Dated.....



Harnham Infant School

LEAVE OF ABSENCE FORM 2 - for Medical/Dental/Optical

I would like my child.....Class.....

to be granted leave of absence from school for the following reason:

MEDICAL

DENTAL

OPTICAL

(Please circle as appropriate)

Date: Time:

I would like to collect my child from school at (time)

Please include a copy of the appointment letter or bring into school for Mrs Bowyer to copy. It is expected that the children will return to school after their appointment.

Signature.....Dated.....