



**QUEST**



**St John's C. of E. Primary School, Abram**

**Absence from School to Attend a medical Appointment**

Name of pupil:..... Class:.....

The appointment is with:.....

Date:..... Time:.....

At:.....(Clinic / Hospital)

I will be collecting them from school at:.....

I hope to return them by:.....

Proof of appointment show to:.....

Name of parent / carer:.....

Signature:..... Date:.....

Contact telephone number:.....

Unless there are special circumstances we are unable to 'authorise' more than half a day. (Hopefully it will be less than that)

Special Circumstances:.....

.....

Thank you for the information.

**Unless you are told otherwise this appointment will be authorised.**