

**St Cuthbert Mayne Catholic Primary School**

**Application for leave of absence for medical/dental appointments**

Please read the following guidance carefully.

Routine medical/dental/optician appointments are not authorised during school hours. We are aware that medical consultants, orthodontist appointments and hospital 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 appointment letter to a completed ‘Pupil Absence Form’, and then return it to the school office. Alternatively please show the School Office your appointment confirmation email or text message when handing in your form. The absence form can then be passed to Mrs O’Donovan for authorisation. Mrs O’Donovan will make contact only if further clarification is needed.

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| **Name of child:** | | | **Class:** | |
| Date of Appointment: |  | | | |
| Time of Appointment: |  | | | |
| The time I will collect my child | from school: | | | |
| The time I will return my child: |  | | | |
| Name and address of medical/dental centre/hospital my child will be attending for this appointment: | | | | |
| Please give details for this request including the reason why this appointment must be taken during school hours: | | | | |
| **Signature of Parent:** | | | | |
| **School Office to Complete** | | | | |
| Appointment Letter/Email/Test seen by School Office: YES/NO | | | | |
| Authorised by Mrs O’Donovan (Head of School): YES/NO | |  | | Date: |