

Student's Name: Class:

Date: Departure time:

Reason given (please tick one)

- Sick / Unwell (S) Medical/Dental Appt (S) Pressing Domestic Necessity (L)
- OT/ Speech Therapy/ Other Specialist Appt (L)
- Other (please describe (L) or (B) or (H) or (F))

.....
Parent / Guardian name (please print) Parent / Guardian signature

Student must present this slip to the Class Teacher

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