



WITLEY C. OF E. INFANT SCHOOL

REQUEST FOR PART OR DAY ABSENCES *(MEDICAL APPOINTMENTS, BALLET EXAMS ETC)*

Name of child..... Class.....

I/We request authorisation for school absence

From (TIME) To (TIME) Date.....

For the following reason: (please specify).....
.....

Signature of Parent/Guardian..... Date.....

ABSENCE AUTHORISED:	Yes/No
REASON (IF NOT AUTHORISED):	
HEADTEACHER'S SIGNATURE	

Please note the routine dental check ups should be arranged for out of school hours or for during the school holidays.



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