



Federation of
Great Ellingham Primary School &
Rocklands Community Primary School



NOTICE

Pupil leave of absence from school - medical appointment
(Completed form to be returned to the class teacher)

Full name of child(ren) _____

Class _____

Address _____

Reason for application:

Date of leave/appointment: ____/____/____

Collection time from school ____:____

Estimated time back to school ____:____

Signature of parent(s)/carer(s) _____

Date _____

Executive Headteacher:

Mrs Julie Dekker B.Ed (Hons), NPQH

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