



St Teresa's Catholic Academy MEDICAL APPOINTMENT ABSENCE REQUEST FORM

Please endeavour to make medical appointments outside of school hours. Taking children out of school during the day is very disruptive for both the children and the teachers.

Please complete the section below in full and return to school well in advance of the appointment.

Pupil's name..... Year..... Class.....

Reason for absence in term time: (Please delete as appropriate)

GP Appt

Dental Appt

Hospital Appt

Name of Surgery/Hospital being attended:

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Date & Time of Appointment:

.....

Signature of Parent(s) / Carer(s)

Date.....

School use only

Attendance% Unauthorised absence% Authorised absence.....%

Previous Year's Attendance.....%