

PITTON PRIMARY SCHOOL



NOTIFICATION OF PRE-ARRANGED APPOINTMENT

I would like my child..... Class.....
to be granted leave of absence from school for the following reason:

MEDICAL / DENTAL / OPTICAL / OTHER (please state):.....
(Please delete appropriately)

My child has hot lunch and will / will not be in for lunch

Day/Date..... Time of Appointment.....

Collect from school / Drop off at school at:
(Please delete appropriately)

Signature.....Date.....

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