**THAMES DITTON JUNIOR SCHOOL**

**Application for Leave of Absence**

**(to be used for medical/dental appointments, interviews, religious observation)**

**Name of child …………………………………………………… Class …………………**

I request permission for the absence of the above child on:

(insert date) ……………………………………………

for the purpose of: ………………………………………………….

*For medical appointments – please indicate what time you will be collecting your child from school and whether or not they will be returning to school afterwards.*

Collection time Returning … Yes/No

Signed (Parent/Guardian

Date

……………………………

This form should be completed in advance of the date whenever possible.

……………………………………………………………………………………………….

**THAMES DITTON JUNIOR SCHOOL**

**Agreement for Absence of School Child**

**Name of child …………………………………………………… Class …………………**

Permission is/is not granted for the above-named child to be absent on:

(insert date) ……………………………………………

Fionna Byrne Headteacher