

SHERWOOD PRIMARY SCHOOL APPOINTMENT NOTIFICATION FORM



To notify school that your child has an appointment during the school day (medical/dental/dance/music exams), parents are requested to **complete this form and return it to school before the proposed date**. If your child will not attend school on the day of the appointment, parents are requested to complete the **Leave of Absence form**.

Where possible, parents are requested to make appointments out of school hours/term time. Where school has concerns about the frequency of appointments during school hours, the Headteacher or their representative will arrange to meet with you to discuss.

PARENTS' SECTION

| | | | |
|--------------------------|----------------------|----------------------|----------------------|
| Surname of child: | <input type="text"/> | First Name of child: | <input type="text"/> |
| Date of Birth: | <input type="text"/> | Year Group: | <input type="text"/> |
| Surname of parent/carer: | <input type="text"/> | First name: | <input type="text"/> |
| Relationship to child: | <input type="text"/> | Date of appointment: | <input type="text"/> |

Details of appointment:
(Please attach appointment letter if available)

Destination:

Time of departure:

Time due back in school:

Parent/carer signature:

Date of Application:

SCHOOL SECTION:

Date application received:

Number of previous applications:

Appointment request approved?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Yes | No |

Headteacher's signature:

Date: