

UGHTIBRIDGE PRIMARY SCHOOL

Please complete the top portion of this form if you wish to inform school of a planned absence for your child that is NOT for the purpose of additional holiday, eg. **MEDICAL, DENTAL, MUSIC/DANCE EXAMINATIONS, PARENTAL WEDDING, FUNERAL, NEW SCHOOL VISIT, ETC.** Please send the form to the School Office.

CHILD'S NAME _____ CLASS _____

DATE OF ABSENCE _____ TIME OF APPOINTMENT _____

TIME CHILD IS BEING COLLECTED FROM SCHOOL (If applicable) _____

CHILD IS BEING COLLECTED BY _____

REASON FOR ABSENCE _____

LOCATION OF APPOINTMENT * _____

* LEA pass will only be issued for city centre appointments.

SIGNED _____ PARENT/CARER

.....
SCHOOL USE ONLY

Class Teacher _____

Please return this authorisation to the parent of:- _____

Dear Parent / Carer. Thank you for your absence request for the purpose of _____ which has been approved by the Headteacher.

DATE _____ LOCATION _____

Please report to the appropriate School Office and a member of staff will collect your child and bring them to you. Please keep this authorisation with you during the appointment, as you may be challenged by a Truancy Patrol. (Sheffield City Council Pass No. _____ if issued).

SIGNED _____ HEADTEACHER

.....
CLASS TEACHER _____ ABSENCE CODE _____ *

CHILD'S NAME _____

REASON FOR ABSENCE _____

* IN THE EVENT OF THE CHILD RETURNING **DURING** THE MORNING OR AFTERNOON SESSION, PLEASE APPLY A **L=LATE** CODE IN THE REGISTER AS THIS RECORDS AN ATTENDANCE.

DATE _____ BEING COLLECTED AT _____ OFFICE ABSENCE FILE YES / NO

A member of the office staff will collect the child from the classroom.