KIDGATE ACADEMY

Leave of Absence

Appointments

Name of Pupil:	
Name of parent submitting the request:	
Class:	
Are you primary carer:	
Date of submitting the request:	
Date of appointment:	
Nature of appointment:	
Time of collection and appointment:	*Collect at:……* *Appointment: From:…….. To……..* *Will your child be returning to school:* ***Yes*** ***No*** ☐ ☐
Appointment card/letter attached:	*Yes* ☐ *No* ☐
Who will be collecting your child: *(please only complete if applicable)*	

*Signed:*_____

*Date:*_____

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