



CAMP HILL PRIMARY SCHOOL



PERMISSION TO LEAVE SCHOOL DURING SCHOOL HOURS

As far as possible, all appointments should be arranged after school.
If this is not possible, you may request time to take your child/children to an appointment.

PUPIL(S) NAME(S):

CLASS/CLASSES:

The above named pupil/pupils has/have an appointment to attend.
Please note below the reason why you are requesting permission for your child/children to leave school during school hours -
Doctor/Dentist/Hospital/Other (please indicate):

(Please return a copy of your child's/children's appointment card or letter with this form for school records)

APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

He/She/They will/will not return to school (please delete as appropriate)

PARENT/GUARDIAN (Print name): _____

PARENT/GUARDIAN (Signature): _____

DATE: _____

TEACHER'S SIGNATURE: _____ DATE: _____

(To be signed & dated once form received by school from pupil's parent/guardian)