



Oreston Community Academy  
Oreston Road  
Oreston  
PL9 7JY  
Tel 01752 402050 admin@oreston.com

## APPLICATION FOR LEAVE OF ABSENCE TO ATTEND A MEDICAL APPOINTMENT

**Whenever possible please try to make your medical appointment for your child/ren outside of school hours.**

Please provide evidence for all appointments which can be a letter, medical note or appointment card.

To: The Head Oreston Community Academy

CHILD'S NAME: ..... CLASS.....

I wish to apply for leave of absence for my child/ren to attend a medical appointment.

LOCATION ..... REASON .....

DATE: .....

TIME of APPOINTMENT ..... TIME LEAVING SCHOOL.....

I have emailed/attached evidence of the medical appointment. ☐

The information I have given on this form is correct.

SIGNED ..... DATE.....

### For office use only:

☐ **AUTHORISED** The school agrees to your child being absent from the school on the dates specified above.

☐ **UNAUTHORISED** The school/college does not authorise your request for leave in term time for the following reason:

Morning Session ☐

Afternoon Session ☐

SIGNED ..... HEADTEACHER

DATE.....

**Authorised/Unauthorised, Absence code ..... Current Attendance.....%**

**Entered onto SIMS** ☐