

APPOINTMENT SLIP
Child Absence during school day

| | |
|---------------|--------|
| Child's Name: | Class: |
|---------------|--------|

Type of Appointment *(Please delete as appropriate)*

| | | | |
|---------|--------|----------|--------|
| Dentist | Doctor | Hospital | Other: |
|---------|--------|----------|--------|

| | | |
|-----------------------------|-----------------------------|---------------------------------------|
| Date of Appointment: | Time of Appointment: | Time Required to leave School: |
| | | |

Dinner arrangements: *(Please delete as appropriate)*

| | | |
|---------------|------------|------|
| School Dinner | Sandwiches | Home |
|---------------|------------|------|

Signature of Parent/Guardian

PLEASE PRINT NAME Date:.....

If message received by telephone, staff member please initial

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