Cedar Park School
Be kind ★ Be inspired ★ Believe

Appointments Leave Form

Pupil Name _____

Class _____ Date of Appointment _____

Leave school at _____ Return to school at _____

Name and address of medical / dental / hospital

_____

_____

_____

Please give details of reason for this appointment and bring the appointment letter or card, if available, when submitting the form to the school office.

_____

_____

_____

_____

Parental Contact Name _____

Office - Letter / card seen: Yes / No

Staff signature _____