

WESTON ALL SAINTS C E PRIMARY SCHOOL
MEDICAL APPOINTMENTS DURING THE SCHOOL DAY
INFORMATION FOR SCHOOL ATTENDANCE RECORD

My child: (please print)

in Class: has to attend (please give details, e.g. hospital,
dentist, optician):

.....
.....

on: (date) at: (time)

I will be collecting my child from school at

Signed: (Parent or Guardian)

Date:

Please return this form to the School Office **prior** to the appointment.

We collect and process all personal data in line with our Privacy Notices which can be found on our website

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