

MERCHANT TAYLORS' GIRLS' SCHOOL
REQUEST FOR PERMISSION FOR ABSENCE



FOR: Name: _____

Form: _____

ON: Day _____ Date: _____

TIME LEAVING SCHOOL: _____

SO THAT SHE CAN ATTEND: (Reason for request)

TIME OF APPOINTMENT _____

SHE WILL / WILL NOT BE ABLE TO RETURN TO SCHOOL AT:

(Give approximate time where applicable)

SIGNED _____
(Parent / Guardian)

DATE _____

PERMISSION GRANTED

Evidence of Appointment received _____

SIGNED _____
Year Head

DATE _____

If you are submitting this copy from the website, please ensure that
you complete two copies.