



**EXEAT SLIP**

Pupil's Name: \_\_\_\_\_ Class: \_\_\_\_\_

The above pupil has an appointment to attend:

*(Please indicate: doctor/dentist/hospital/ Or other - Please state)*

(Date) ...../...../..... at (Time).....

He/She will/will not return to school. *(Please mark as appropriate).*

Parent/Guardian (Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of Teacher: \_\_\_\_\_



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