



KNOWN FUTURE ABSENCE FORM

My child.....Class.....
has an appointment as indicated: (Please delete appropriately)

MEDICAL / DENTAL / OPTICAL /OTHER (please detail below)

.....

On (date) at (time:am/pm)
and will therefore be out of school for that period. I will report to the
School Office to sign my child in and/or out.

Signature.....Dated.....

**Please return to your child’s class teacher or you can email details to
office@woodfordvalley.wilts.sch.uk**

**NB: UNTIL THE SCHOOL RECEIVES THIS FORM YOUR CHILD’S ABSENCE
WILL REMAIN IN THE REGISTER AS UNAUTHORISED**