



St Michael's Church of England
Primary School, Bamford
Bury & Rochdale Old Road
Heywood
OL10 4BB

Head Teacher: Mrs M. Barratt,
BSc (Hons) QTS NPQH
Tel: 01706 369339

Email: office@stmichaelscebam.rochdale.sch.uk

Medical Appointment Leave of Absence

This letter must have an appointment card/letter attached

Dear Headteacher

My child: Year..... will be absent from school

On: (date)..... (time)

To attend the following: (Please tick)

- ☐ Doctors Appointment
- ☐ Dentist Appointment
- ☐ Hospital Appointment
- ☐ Opticians Appointment
- ☐ Other please state.....
- ☐ I have attached a copy of the appointment letter/card

I will need to collect my child up at.....(time)

My Child will be / will not be returning to school (delete as appropriate)

school dinner required yes/no (delete as appropriate)

Signed..... (parent/carer)

Name.....(parent/carer)

PLEASE E-MAIL OR HAND TO SCHOOL OFFICE AFTER COMPLETION