



Bushmills Primary School & Nursery Unit



Permission to leave school during school hours

Pupil's Name:

Class:

The above named pupil/pupils has/have an appointment to attend.
Please note below the reason why you are requesting permission for your child/children to leave school during school hours:

Doctor Appointment

Dentist Appointment

Hospital Appointment

Other

(Please provide details)

A copy of your child's/children's appointment card or a letter **must be returned** with this form for school records.

Appointment Date:

Appointment Time:

School Collection Time:

Please be reminded that due to current COVID Guidelines if your child/children leave school during the school day they may not return until the following day.

Parent/Guardian (Print):

Signed:

Date: