EXEAT SLIP

Pupil's Name: _____

Class: _____

The above pupil has an appointment to attend:

Details

Please indicate whether doctor/dentist/hospital etc

_____

_____

_____

_____

_____

_____

(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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