



Westfield Primary School
Longfellow Road
Radstock
BA3 3XX

Headteacher: Mr Simon Mills
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**REQUEST TO TAKE A SCHOOL CHILD ON LEAVE OF ABSENCE MEDICAL FORM DURING
TERM TIME**

PLEASE REMEMBER

Absence from school can seriously disrupt your child's continuity of learning. Not only do they miss the teaching provided on the days they are away; they are also less well prepared for lessons upon their return. There is a consequent risk of underachievement, which together we must seek to avoid.

I would like to take my son/daughterto a hospital/dental appointment,

Date:

Time: From.....To.....

Signed (Parent/Guardian) Date

Authorised by (Headteacher) Date

**This form must be completed and returned to school,
48 hours before the planned absence.**