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Web: williampatten.hackney.sch.uk

Phone:

LEAVING SCHOOL DURING SCHOOL DAY 2023- 2024

Please attach proof of medical/dental appointment to this form

Name of child:	
Class:	
Date:	
Time leaving school:	
Returning same day?	YES / NO (delete as appropriate)
Reason:	
Parent's signature:	
Date:	



Ofšťed