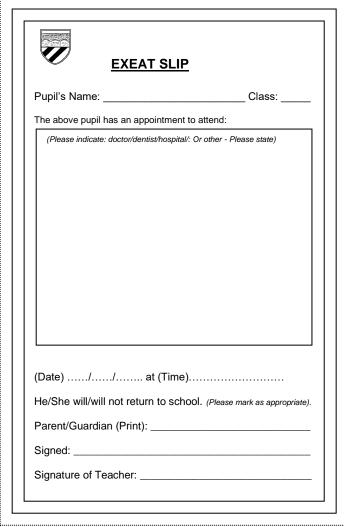
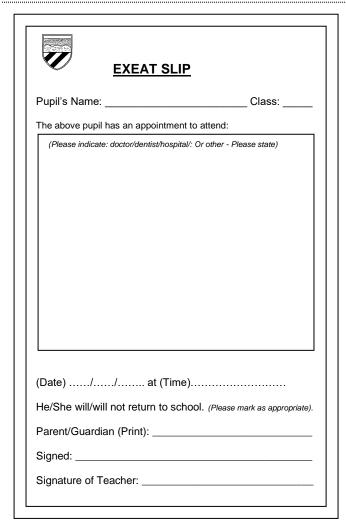


Signature of Teacher: ___





EXEAT	SLIP
Pupil's Name:	Class:
The above pupil has an appo	intment to attend:
(Please indicate: doctor/dentise	t/hospital/: Or other - Please state)
Date)/ at	(Time)
	to school. (Please mark as appropriate