



EXEAT SLIP

Pupil's Name: _____ Class: _____

The above pupil has an appointment to attend:

(Please indicate: doctor/dentist/hospital/: Or other - Please state)

(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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