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 ESPS COVID-19

 **Request to leave school early**

As part of our pupil safeguarding, we ask that you complete the following request form please.

Thank you for your support.

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| **Name of pupil**  |  |
| **Teacher and Year Group** please circle | TeacherYear Group: Nursery 1 2 3 4 5 6 7  |
| **Date requested**  |  |
| **Time requested** |  |
| **Are they returning to school?** | **Yes / no** |
| **Name of parent** |  |
| **Reason for leaving early**please circle | DoctorDentistHospitalOtherIf other, please state reason: |
| **Dentist / doctor card presented**  | **Yes / no** |
| **Any other information required by school.** |  |