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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 | Teacher  Year 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 | Doctor  Dentist  Hospital  Other  If other, please state reason: |
| **Dentist / doctor card presented** | **Yes / no** |
| **Any other information required by school.** |  |