



2023



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Child's Name..... Child's Signature..... (if appropriate)

Class..... Date.....

..... Parents Name.....

..... Date..... Parents Signature.....

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(. . .)

Academy Accepted a Letter of (A.P.) Reference	Illness (see last) Understood The Learning
Call received	Office
Date.....	

I have read and understood The Leigh Academy Acceptable Use Policy (AUP) for parents

