APPLICATION FOR LEAVE OF ABSENCE

Name of Student.....

Form.....

I request that the above named student be granted leave of absence. **The exceptional circumstances are as follows** (please state below):

.....
.....
.....
.....

Dates requested From.....To.....

Date returning to School.....

Number of School days missed.....

Signed.....(Parent/Guardian)

Date.....

This form is to be completed by the Parent or Guardian and returned to the Attendance Officer not less than two weeks prior to the dates requested.

School Use

Attendance + 90% to date Yes/No last 2 weeks Yes/No

Authorised.....Unauthorised.....

Signed.....Headteacher.....

Copy to Attendance Officer to code Register, original back to Parent/Guardian