

LEAVE OF ABSENCE REQUEST
(exceptional circumstances only)
Hand in to Reception Only

NAME OF STUDENT	
ADDRESS	
Tutor Group and YEAR	

Must be submitted at least 4 weeks prior to booking

- I have read the accompanying letter and understand the impact that this Leave of Absence request will make upon my son/daughter.
- I have enclosed all documentary evidence to support my application (ie shift patterns and /or letter from my employer). No holidays will be authorised without this evidence.

Please list any siblings and the school they attend for whom you are also requesting Leave of Absence

NAME	CURRENT SCHOOL

I would like to request leave of absence for my son/daughter:

DATE FROM (INCLUSIVE)	
DATE TO (INCLUSIVE)	
TOTAL AMOUNT OF DAYS BEING REQUESTED	

EXCELLENCE FOR ALL

***Please note that no more than 10 school days will be given consideration.**

PLEASE GIVE THE **EXCEPTIONAL** reason for requesting Leave of Absence during term time

NAME OF PARENT (s)/CARER with whom the student resides	Relationship to the student	Signature & Date

FOR OFFICE USE ONLY

Authorised By:	Reason:
Declined By:	Reason:
Date Parents informed of decision by letter	
Student Percentage %	
Date Form Received	