Application for student Leave of Absence From School in Exceptional Circumstances
Please use a separate form for each student

Name:_____
Address:_____

Form:_____ _____

_____

Reason for application:_____

_____

Date: From_____ To:_____(inclusive)
Year:_____

Signature of parent(s) _____
Date:_____

Office use only……..attach attendance certificate

_____ Authorised Days _____ Unauthorised Days

Comment:_____

Signed…….YTL
Date:……..……..

The Headteacher will consider the following points.

1. The student's previous attendance history (not less than 87%).
2. The age of the student(s) – Year 11 none at all, Year 7 none during Autumn Term of year joining.
3. The student's stage of education.
4. The time of year (SATS or exams).
5. The nature of the trip (an exceptional experience).

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Return to parents

Permission for leave in term time response _____**Days** Authorised _____**Days** Unauthorised

Name of student:_____Form:_____

Comment_____

Signed…….…….. Position……..
Date…….