**APPLICATION FOR PUPIL LEAVE OF ABSENCE**

I wish to apply for leave of absence from school to be granted to:-

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Form** |  |
| **Date of Proposed Absence**  | **From: To:** |
| **Reason for Absence** |  |

**Total days requested in this application**

Signature of Parent/Guardian: ................................................................. Date: .....................................

***Please send the completed for to*** ***awhreception@akeleywoodschool.co.uk***

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**SLIP TO BE RETURNED TO PARENT/GUARDIAN**

**Pupil name:**

Previous Absence Checked Current Attendance %

Coded as Unauthorised Coded as Authorised

Signed: ............................………………………………………………………….. Head of Phase - Lower

 Head of Phase - Upper