

APPLICATION FOR PUPIL LEAVE OF ABSENCE

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

r			
Name of Student			
Form			
Date of Proposed Absence	From:	То:	
Reason for Absence			
Total days requested in this application			
Signature of Parent/Guardian:		Date:	
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	