

STUDENT LEAVE OF ABSENCE REQUEST



To the Principal

APPLICATION BY PARENT/CARER FOR STUDENT'S LEAVE OF ABSENCE FROM COLLEGE

I wish to apply for my child to be absent from College for **Exceptional Circumstances**

Student's Name: _____ Year: _____ Personal Tutor: _____

First date of intended absence: _____

Date of intended return to College: _____

Number of days in total: _____

Reason for Proposed Exceptional Circumstances:

Parent(s) Full Name(s): _____ D.O.B _____

_____ D.O.B _____

Address: _____

Please note that for requests exceeding 3 days a meeting with a senior member of staff will need to take place to consider 'exceptional' circumstances.

I confirm that the above activity is essential and cannot take place outside of College time and attach evidence of this.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

Please submit the request as soon as possible and no less than 4 weeks in advance of the proposed absence.