

## 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.**