**Application for Exceptional Leave of Absence**

**(Please Note: ONLY Parent/Carer can request leave and NOT student)**

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| **Child’s Full Name:** |  |
| **Class/Coaching Group/Year** |  |

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| --- | --- |
| **Full Name of both****Parents/Guardians:** |  |
| **Address:** |  |
| **Relationship:** |  |
| **Home Number:** |  |
| **Work Number:** |  |
| **Mobile Number:** |  |
| **Email:**  |  |

|  |  |
| --- | --- |
| **Proposed absence start date:** | **Proposed absence end date:** |

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| **Reason for absence: (if , going abroad please state country)**  |
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| --- | --- |
| **Signed:** | **Date:** |

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| **Office Use Only** |

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| --- | --- |
| **Current Attendance Record:** | **Absence Agreed / Absence Not Agreed** |
| **Signed:** | **Date:** |
| **Date Letter Sent:** | **Warning inserted for PN YES / NO** |
| **Proof on Record:** |  |