

National Teaching School
designated by



National College for
Teaching & Leadership

APPLICATION FOR PUPIL ABSENCE FROM SCHOOL DURING TERM TIME



Whitefield
SCHOOLS & CENTRE

Pupil's Name: _____ Class: _____

Address:

Dates requested from: _____ to: _____

Reason for request:

Note that leave of absence is entirely at the principal's discretion and will only be granted in exceptional circumstances. You may be asked to come into school to discuss your request with the Head of School.

Signature of Parent/Guardian: _____ **Date:** _____

Please return this form to school 2 weeks before the date from which absence is requested.

FOR SCHOOL USE ONLY

Comments: _____ **Head of School**

Authorisation: _____ **Principal**

Administration Officer Dinners

Teacher entry in register



Return to Administration for filing