



Wade Deacon High School

Innovation Enterprise Academy

Exceptional Values

Exceptional Learning & Teaching

Exceptional Achievement

LEAVE OF ABSENCE REQUEST FORM

Before completing the details below, please read the attached letter from the Executive Principal, and return the form at least six weeks prior to the requested dates. Any requests received after this period will not be considered.

Pupil Name & Tutor Group:

Last Date of school attendance:

First Date of return to school:

Number of school days missed due to leave of absence:

Explanation for the request:
Please be aware that you will be required to provide evidence to support your request e.g. Medical evidence, shift pattern from employer. Please attach your evidence to this application; alternatively use the reverse of the form

All information supporting your application for a leave of absence must be submitted along with your application to school. This includes any evidence supporting 'exceptional circumstances' for consideration by the head teacher. Any evidence submitted from an employer must be on letter headed paper and signed by your employer. Any supporting information submitted may be used as evidence should the case later proceed to court.

I understand that keeping my child off school if my request is not granted will result in the absence being recorded as Unauthorised. This may result in a Penalty Notice being issued to me by the Local Authority for the non-attendance of my child at school.

Parent/Carer: Signed: _____

Date: _____

Office use only:

LEAVE OF ABSENCE REQUEST GRANTED:

Pupil's attendance is _____%
From: _____ To: _____
Signed: _____ Date: _____

LEAVE OF ABSENCE REQUEST DECLINED:

Pupil's attendance is _____%
Signed: _____ Date: _____

Every Student

Every Subject

Every Grade

'A Commitment to Excellence'

