

Hope Wood Academy

Application for pupil leave of absence in exceptional circumstances during term time



Name of pupil(s):

Class(es):

Address:

Telephone no:

I request permission for my child to be absent from school

From..... To Total school days.....

Exceptional circumstances for request:

(this section must be answered in full and against stated criteria)

- Service personnel returning from active deployment
- Where inflexibility of the parents' leave or working arrangement is part of the organisational or company policy. This would be evidenced by the production or confirmation from the organisational/ company.
- Where leave is recommended as part of a parents' or child's rehabilitation from medical or emotional problems. Evidence must be provided eg. Letter from doctor/ social worker
- When a family needs to spend time together to support each other during or after a crisis

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Signature of parent/carer Date.....

For School use only

Seen by Head Teacher (signature) _____ Date _____

Decision reached _____

Date reply returned _____