



LEAVE OF ABSENCE REQUEST FORM

Please return form to Attendance Office

Name of PupilTG.....

Name of PupilTG.....

Proposed dates: FromTo No of days.....

Please explain exceptional circumstances below:

.....
.....
.....

Signature of Parent/Guardian Date:

For office use:

TO: ATTENDANCE OFFICE

Attendance %: Pupil 1 Pupil 2

Comments:.....

.....

Permission granted: Y / N

Parent/Guardian informed

on: by.....

Coded on Attendance Record: Entered on log: