Sandwell Academy Sixth Form

Leave of Absence Request

Section A: Child's Details						
All sections must be fully completed – Please complete a separate Leave of Absence Request for each child						
Child's Name			Date of B	irth		
Child's Address						
Section B: Reason for Leave of Absence – THIS MUST BE COMPLETED						
I would like to request a L	eave of Absence for the above-named child:					
First date of Absence from school	1	Last date of Absen	nce from			
Head Teachers can only authorise a Leave of Absence Request if they consider that the detail and information you provide is an exceptional circumstance. You MUST provide all the details and information you would want the Head Teacher to consider in deciding if your request can be granted.						
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By signing this application, I understand and agree the following:						
1. I am a Parent/Care	er with whom the child 'normally resides'.					
2. I understand it is the Head Teacher's decision as to what is and what is not an "exceptional circumstance" and I should discuss any questions I have regarding the decision made by the Head Teacher prior to the absence starting.						

	Mr/Mrs/Ms/Miss (delete as appropriate)		
Parent/Carer Applicant PRINT NAME		Date of Birth	
Parent/Carer Applicant SIGNATURE		Date	
Relationship to pupil		Parent / Carer Telephone No.	
		Parent / Carer Mobile Tel No.	

Please submit requests for leave at least **two weeks** in advance to allow time for catch up plans to be arranged between your child and their subject teachers

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Outcome – SCHOOL USE ONLY					
Date LOA received		Date applicant advised of outcome			
How applicant was advised of outcome (e.g. verbally, telephone, email, meeting)					
Agreed / Declined by Head Teacher		Signature of Head Teacher			
Head of Year informed		Head of Year signature			