**Request for Student Leave of Absence Form**

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| Name of School: | WHTC NBS ELPS |
| Student Name: |  |
| Year/Form Group: |  |
| Date of Birth: |  |
| Address: |  |
| Parent/Carer’s Mobile Telephone Number: |  |
| Current Attendance to date: (Office use only) |  |
| Attendance Level for the previous academic year: (Office use only) |  |
| Do you have a child in one of the other WMAT schools (WHTC, NBS or ELPS)? If so, please provide their full name and tutor group |  |

Leave can only be authorised in exceptional circumstances. Evidence or proof of the reason will need to be attached to this form before a leave request is considered. The evidence must be from a person in authority, for example, a GP. If you take your child out of school without permission your child’s school place may be lost.

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| 1. Dates requested: |
| From:  To: |
| 1. Reason for leave request (Please continue overleaf if you need more space) |
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| 1. Documentary Proof Attached (Please attach any documents e.g. medical reports, invitations, etc. necessary for your request. |
| No: Yes: |
| 1. Name of Parent: |
|  |
| 1. Signature of Parent: |
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