



FAITH † NURTURE † SERVICE

ARCHBISHOP TEMPLE CHURCH OF ENGLAND HIGH SCHOOL

APPLICATION FOR A LEAVE OF ABSENCE

Name of child:

Year / Form:

I wish to apply for a leave of absence from school.

First day of absence:

Last day of absence:

Reason for absence:

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

Signature: (Parent/Carer)

Date: Contact number:



For school use only:

Sessions of authorised absence so far this year: sessions

Current attendance:%

Headteacher notes:

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Signed: (Headteacher)