

THE WILLIAM HOGARTH SCHOOL  
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## PLEASE COMPLETE THIS FORM TO REQUEST LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Name of child \_\_\_\_\_

Class \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Location \_\_\_\_\_

Purpose of visit \_\_\_\_\_

Date of leave \_\_\_\_\_

Date of return \_\_\_\_\_

Number of school days missed \_\_\_\_\_

JUDICIUM & EDUCATION



SCHOOL DATA PROTECTION AWARD



Bronze level accreditation 2021

