



REQUEST FOR PUPIL LEAVE OF ABSENCE

Full name of child/children:

Contact telephone no:

Reason for request (please attach any relevant written evidence and confirm dates):

Parents' signature:

Date:

Please note that pupil leave of absence during term time will only be granted in **exceptional circumstances**, taking into account the following:

1. Previous attendance history
2. The age of the child(ren), stage of education and time of year (e.g. SATs or exams)
3. The nature of the absence
4. The Academy's policy on attendance

Should you take leave of absence without the consent of the Principal you could be issued with a Fixed Penalty Notice.

School office use only:

Absence agreed/not agreed

Signed by Principal/Assistant Principal

Date:

Reason:

Principal – Mrs Clare Wingrave

St. David's, Coulsdon, Surrey CR5 2XE

Tel and Fax: 020 8668 4877 www.oasisacademybyron.org

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Office: 75 Westminster Bridge Road London SE1 7HS



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