

**PUPIL LEAVE OF ABSENCE - IN EXCEPTIONAL CIRCUMSTANCES - Request form**

|  |
| --- |
| ***Parents/Carers - Please return this request form to Headteacher : C Rowlandson*** |

|  |  |  |
| --- | --- | --- |
| SCHOOL: | Oak Lodge School | |
| NAME OF PUPIL: |  | CLASS:  Pastoral TEACHER: |
| DATES REQUESTED –***FROM***  (Insert first date of absence): |  | |
| DATES REQUESTED – ***TO***  (Insert last date of absence): |  | |
| TOTAL NUMBER OF SCHOOL DAYS: |  | |

|  |  |
| --- | --- |
| I request leave of absence for the above-named child due to the following exceptional circumstance(s):- |  |
| Please state residence during this period: |  |
| I agree to support my child to access online learning: |  |

|  |  |
| --- | --- |
| In order to counteract any missed teaching and learning, my child will:- |  |

|  |  |
| --- | --- |
| I/ we agree to the terms and conditions outlined within the Exceptional Circumstances policy of the Oak Lodge School  I/we understand if we do not provide sufficient information to support the application the school can decline this request | Signed (Parent/carer): |
| FOR SCHOOL USE ONLY:  Attendance % to date:  HT: Recommendation : | Signed (HT – wellbeing & attendance): C Rowlandson.  I support the application for authorisation  I am unable to support the application because |

COPY – School file

*SIMS*