

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

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

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| 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:  |  |

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

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| I/ we agree to the terms and conditions outlined within the Exceptional Circumstances policy of the Oak Lodge SchoolI/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 authorisationI am unable to support the application because |

COPY – School file

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