

**WILSON'S SCHOOL**

**REQUEST FOR LEAVE OF ABSENCE**

**Please complete and submit at least 10 working days in advance of the event.**

<b>SON'S NAME</b>	<b>FORM</b>	<b>DATE and TIME OF ABSENCE</b>	<b>REASON FOR ABSENCE – Please provide details:-</b>	
		<b>Expected return time:-</b>		
<b>Parental signature:</b>		<b>Date:</b>	<b>Approved</b> <hr/> <b>Declined</b> <b>(Director of Key Stage)</b>	<b>Approval Code:</b> <hr/> <b>Reason</b>

***THE SCHOOL RESERVES THE RIGHT TO WITHHOLD PERMISSION FOR SOME ABSENCES.  
PLEASE REFER TO THE SCHOOL'S ATTENDANCE POLICY.***