**WILSON’S SCHOOL**

**REQUEST FOR EXCEPTIONAL LEAVE OF ABSENCE**

**Please complete and submit at least 3 working days in advance of the event**

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| --- | --- | --- | --- |
| SON’S NAME:  FORM: | DATES OF ABSENCE: | | |
| Please explain the reason for this exceptional leave of absence:  ***Please note that the school reserves the right to withhold permission for some absences.*** | | | |
| Full names of parents:  Parental signature: | Date: | Approved  Declined  (Director of Key Stage) | Approval Code:  Reason |

Please return the form to Mrs McDermott in the 6th Form Office

***Please refer to the school’s*** [***ATTENDANCE POLICY***](http://www.wilsons.school/information/documents/) ***for further information***