

WILSON'S SCHOOL

REQUEST FOR EXCEPTIONAL LEAVE OF ABSENCE

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

SON'S NAME: FORM:	DATES OF ABSENCE:		
<p>Please explain the reason for this <u>exceptional</u> leave of absence:</p> <p><i>Please note that the school reserves the right to withhold permission for some absences.</i></p> <p>A Fixed Penalty Notice could be issued if you take your child out of school without permission.</p>			
Full names of parents: Parental signature:	Date:	Approved Declined (Director of Key Stage)	Approval Code: Reason

Please return the form to Mrs Eynon in the School Reception

Please refer to the school's [ATTENDANCE POLICY](#) for further information