

WILSON'S SCHOOL

REQUEST FOR EXCEPTIONAL LEAVE OF ABSENCE

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

SON'S NAME: FORM:	DATES OF ABSENCE:		
Please explain the reason for this <u>exceptional</u> leave of absence: <i>Please note that the school reserves the right to withhold permission for some absences.</i>			
Full names of parents: Parental signature:	Date:	Approved Declined (Director Of Sixth Form)	Approval Code: Reason

Please return the form to Mrs Kitchin the Sixth Form Office

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