



SYDENHAM SCHOOL

STUDENT APPLICATION FOR PLANNED ABSENCE 2021-22

This form should be completed for all student planned absence and returned to your child's Year Learning Co-ordinator (YLC), with the exception of medical appointments which should follow the usual school procedures.

Part 1 – to be completed by the Parent/Carer

Student's name: _____ Tutor group: _____

Date of birth: _____ Parent/Carer Telephone: _____

Parent/Carer Name & Address:

Proposed first day of absence: _____

Expected date of return: _____

Please state your destination and the contact address / phone number / e-mail when abroad:

Please give your reasons for this application and attach evidence if appropriate:

Parent's / Carer's signature: _____

Date: _____



Part 2 – to be completed by the school YLC

Current attendance _____ (%) Current punctuality _____ (%) correct on _____ (date)

Is this the first application for extended absence made by this student? Y/N _____

If no, please give details of previous applications: _____

Recommendation by YLC: Accept/Decline (Please delete as appropriate)

YLC signature: _____ Date: _____

Part 3: Head Teacher's Decision

EITHER

This application for leave of absence during term time **has been granted *exceptionally*** for a period of _____ school days.

Your daughter must return to school on: _____

No reminders will be sent. It is the parent's responsibility to notify the school of any changes in circumstances following the signing of the agreement.

Head Teacher's signature: _____

Date: _____

OR

This application for leave **has not been approved** because: (To be inserted in writing)

Head Teacher's signature: _____ Date: _____