



Application for Leave during term time
To be filled in only by parent or carer

Student Name:

Tutor Group:

Date:

I wish to apply for leave from school for my child for the following days:

(Note that 15 days' notice prior to the first day of the absence are required)

Leave date:

How many academic days:

Returning to School on:

My proposed destination is:

Please give a full explanation of why this request for leave had been made:

Name of parents/carer:

Address:

Contact Phone Number:

Parent/Carer Signature:

This form must be returned to the Attendance officer – Mrs E Betts

Alternatively this form may be emailed to Mrs E Betts at attendance@wyeschool.org.uk

Official Use:

Approved

Not Approved

Vice-Principal

Sign:

Date: