

WOODLANDS PRIMARY SCHOOL



LEAVE OF ABSENCE REQUEST FORM

I wish to apply for leave of absence for:

Name Class

First day of absence

Date of return

Total number of days

For the following reason:

Signed (Parent/Guardian)

Relationship to child

Email address for response

Date of request.....

If there are any extenuating circumstances to support your request, please state them on the reverse of this form.

Date request was received by school.....

This request for absence is authorised / unauthorised.

Comments

Signed: Date