WILSON’S SCHOOL

**REQUEST FOR EXCEPTIONAL LEAVE OF ABSENCE: SIXTH FORM**

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

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| STUDENT’S NAME:  FORM: | DATES AND TIMES OF PROPOSED ABSENCE: | | |
| When planning a potential absence, it should be considered whether any SIL periods or Wednesday afternoons (after 13:05) can be used to arrange an absence, as use of these times will minimise disruption to a student’s curriculum.  Please now explain the reason for this exceptional leave of absence:  ***Please note that the school reserves the right to withhold permission for some absences.*** | | | |
| Full names of parents:  Parental signature: | Date: | Approved  Declined  (Director of Key Stage) | Approval Code:  Reason |

**Once completed, please return this form to Mrs McDermott in the Sixth Form office**

*Refer to the school’s* [*ATTENDANCE POLICY*](https://www.wilsons.school/shared/documents/Attendance.pdf) *for further information*