

# ANDERSON HIGH SCHOOL

## APPLICATION FOR LEAVE OF ABSENCE BY PUPIL

It is important that we have full information as to exact date, time and reason for absence. We would encourage you, as a parent/carer, to ensure that your child is not absent from school any longer than is necessary.

Mr Robin Calder  
Head Teacher

**PUPIL NAME** \_\_\_\_\_

**REGISTER CLASS** \_\_\_\_\_

**DATE(S) OF PROPOSED ABSENCE FROM SCHOOL** \_\_\_\_\_

**TIME OF DEPARTURE FROM SCHOOL** \_\_\_\_\_

**DATE AND TIME OF RETURN** \_\_\_\_\_

**FULL DETAILS OF REASON FOR ABSENCE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNED** \_\_\_\_\_ **(Parent/Carer)**

**Parent/Carer email address** \_\_\_\_\_

For Office Use Only:

- ABS**
- OAT** Other attendance out of school (school/LA)
- PER** Medical
- UPH** Parental Holiday (unauthorised)
- WRK** Work Experience
- \_\_\_\_\_

Headteacher's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Entered on Seemis: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE**

# Out of School Arrangements

For Teacher Information

Pupil name: \_\_\_\_\_ Register class: \_\_\_\_\_

Reason for proposed absence: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

**Pupils are required to ask all their teachers to sign below, so they are aware of their period of absence from school.**

Subject	Teacher's Signature
Pupil Support	