## 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, to ensure that your child is not absent from school any longer than is necessary.

Mr Robi Head Te	n Calder eacher		
NAME (	OF PUPIL		
REGIST	ER CLASS		
DATE(S	S) OF PROPOSED A	ABSENCE FROM SCHOOL	
TIME O	F DEPARTURE FR	OM SCHOOL	
DATE A	AND TIME OF RETU	IRN	
FULL D	ETAILS OF REASO	ON FOR ABSENCE	
SIGNED (Parent/Carer)			
For Office	e Use Only:		
□ ABS	Other attendance out of school	Headteacher's Initials:	
□ OAT	(school/LA)		
_ DED	Medical	Date:	
□ PER		<del>-</del>	
<ul><li>UPH</li><li>WRK</li></ul>	Parental Holiday (unauthorised) Work Experience	<del>-</del>	

## **Out of School Arrangements**

## For Teacher Information

Pupii s name:	Register class:
Reason for planned absence:	
Teacher in charge (if appropriate):	
Please complete: Section 1 for absen	ce of period(s)/up to one dav.
	osence of two days or more.
Section1: Planned Absence of Pe	riod(s)/up to one day
Date:	_
Subject	Teacher's Signature
1.	
2.	
3.	
1	
E	
6	
7.	
	Pupils Support Teacher's Signature
	r apile capport readilers cligitation
Section 2: Planned Absence of two	•
Dates out of school:	
Subjects missed	Teachers' Signatures
	Pupil Support Teacher's Signature