

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 Robin Calder
Head Teacher

NAME OF PUPIL _____

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)**

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/Bulletin: _____

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE

