



SHETLAND ISLANDS COUNCIL

CHILDREN'S SERVICES



Miss C Ford
Headteacher



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Motto: *Stronger Together, Reaching High*

Application for Leave of Absence – 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.

Name of Pupil(s) _____ **Class(es)** _____

Date(s) of proposed absence from school _____

Time of departure from school _____

Date and time of return to school _____

Full details of reason for absence

SIGNED _____ **(Parent/Guardian)**

For Office Use	☐	A	Other Authorised Absence	Headteacher's Initials:
	☐	E	Authorised Parental Holiday	
	☐	G	Unauthorised Parental Holiday	Date:
	☐	O	Other Attendance out of School	
	☐	Z	Extended Leave with Parental Consent	

Please return this form to the school office

RESPECT

EQUALITY

ACHIEVEMENT

CREATIVITY

HAPPINESS