



Working together to improve outcomes for learners to be the best that they can be.

Shetland Islands Council  
Children's Services



Head Teacher:  
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### Application for Leave of Absence

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 \_\_\_\_\_

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

SIGNED \_\_\_\_\_ (Parent/Guardian)

For Office Use	<input type="checkbox"/> A	Other Authorised Absence	Headteacher's Initials: _____
	<input type="checkbox"/> E	Authorised Parental Holiday	Date: _____
	<input type="checkbox"/> G	Unauthorised Parental Holiday	
	<input type="checkbox"/> O	Other Attendance out of School	
	<input type="checkbox"/> Z	Extended Leave with Parental Consent	
<input type="checkbox"/> Copied to Class Teacher <input type="checkbox"/> Noted In Absence Log <input type="checkbox"/> Parent/Carer advised of coding			

**Please return this form to the school office**