Oaklands School
"The best for all, the best from all"

Leave of Absence Request Form

Please complete and return to the Attendance Welfare Officer

Child's Name (First and Surname)			
Date Of Birth			
Tutor Group			
Home Address (Including postcode)			
Parent Contact Number	**Home:** **Work:**		
Number of Days Requested ***Do Not Include Sat or Sun***	**Days In Total:**	**From Day/Month/Year**	**To Day/Month/Year**
Reason For Request **Any supporting information should be attached to this request**			
Has your child had any other request for absence in the current academic year?	**Yes / No**	**If yes please give dates::**	
Has your child previously had absence granted during term time?	**Yes / No**	**If Yes please give dates:**	

Signed: Parent / Guardian: **Date:**

OFFICE USE ONLY	
Permission Granted – Authorised / Declined	**Permission Declined**
Reason For declining:	
Letter sent to parent	
Signed :	**Date:**