

Leave of Absence from School

To be completed by Parent/Carer/Guardian (one form to be completed for each child)			
Name of Pupil:		Date of Birth:	
School:	Castle View Academy	Year/Tutor Group:	

Your request will be considered by the Headteacher. Please note all requests will be judged on an individual basis but any leave of absence can only be approved in exceptional circumstances.

Date(s) for requested leave of absence:	From:	To:
Number of days requested:		

Please give brief reasons for your request for the leave of absence (<i>provide evidence if possible ie for sporting/dance competitions</i>)

Parent(s) Name: _____

Address: _____

Is there any other parent living at this address? Yes* / No *If Yes, Name: _____

Signature(s): _____ Date: _____

Address of any **non-resident** parent: _____

To be completed by the School			
Your request for leave of absence has / has not* been approved for the following reason(s): Please see attached letter* (<i>delete as appropriate</i>)			
Date received by school:		Date refusal letter sent:	
Headteacher's signature:		Date:	

	C	G	H	O	P	R
The code placed in the register will be: (please circle relevant code)	Performance (licence required/ Exceptional circumstances)	Unauthorised Leave of absence	Authorised Leave of absence	Unauthorised (other reason)	Approved sporting activity	Religious observance

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