



SYDENHAM SCHOOL

STUDENT APPLICATION FOR HOLIDAY OR PLANNED ABSENCE

This form should be completed for all student planned absence with the exception of medical appointments which should follow the usual school procedures.

Part 1 – to be completed by the Parent/Carer

Student's name: _____ Tutor group: _____

Date of birth: _____ Telephone: _____

Address:

Proposed first day of absence: _____

Expected date of return: _____

Contact address / phone number / e-mail when abroad:

Please give your reasons for this application and attach evidence if appropriate:

Parent's / Carer's signature: _____

Date: _____



Part 2 – to be completed by the school YLC

Current attendance _____ (%) Current punctuality _____ (%) correct on _____ (date)

Is this the first application for extended absence made by this student? Y/N _____

If no, please give details: _____

Recommendation by YLC: Accept/Decline (Please delete as appropriate)

YLC signature: _____ Date: _____

Part 3: Head Teacher's Decision

EITHER

This application for leave of absence during term time has been granted *exceptionally* for a period of _____ school days.

Your daughter must return to school on: _____

No reminders will be sent. It is the parent's responsibility to notify the school of any changes in circumstances following the signing of the agreement.

Head Teacher's signature: _____

Date: _____

OR

This application for leave has *not* been approved because: (To be inserted in writing)

Head Teacher's signature: _____ Date: _____

Copy to YLC, copy sent home for parents, copy to attendance, copy to E Quartey