

REQUEST FOR LEAVE OF ABSENCE

Please complete this form and return it to the Alexanders school office or your child's teacher at least 1 week in advance of the request.

Name of Student(s): _____

Year Group: _____

Dates of Absence: From ___/___/_____ To ___/___/_____

Number of days requested in total: _____

Reason for Absence: (please explain in full, continue overleaf if necessary)

Signature of Parent/Guardian: _____ Date: _____

Please note that unauthorised absences are regarded in terms of the Alexanders Absence Policy.

To be completed by the School:

Name of Student(s): _____

Absence Authorised: YES NO

If request for absence declined, provided the reason(s):

Signed by: _____ Date: _____

Capacity: _____