



## SYDENHAM SCHOOL

### STUDENT APPLICATION FOR PLANNED ABSENCE 2019-20

This form should be completed for all student planned absence and returned to your child's Year Learning Co-ordinator (YLC), 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: \_\_\_\_\_ Parent/Carer Telephone: \_\_\_\_\_

Parent/Carer Name & 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 of previous applications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_