



SYDENHAM SCHOOL

Specialist Science & Mathematical School

Headteacher Emma Wijnberg, BSc PGCE NPQH

Dartmouth Road, London, SE26 4RD

Tel: 020 8699 6731

Website: www.sydenham.lewisham.sch.uk

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STUDENT APPLICATION FOR PLANNED ABSENCE 2025-26

This form should be completed for all student planned absence and returned to your child's Head of Year or the Attendance Team, 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:

First day of absence from school : _____

Expected date of return to school: _____

Please state your destination and the contact address / phone number / e-mail:

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

Parent's / Carer's signature: _____

Date: _____



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Part 2 – to be completed by the school Head of Year

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: _____