Please submit the requests to SallyAnn at the front desk or email them to secondary.attendance@icslondon.co.uk

REQUEST FOR LEAVE OF ABSENCE IN THE SCHOOL TERM

Please submit this request to SallyAnn Sholgami at least 2 weeks before the absence is due to start. Each request will be reviewed by the school principal.

STUDENT/PUPIL DETAILS		
NAME OF STUDENT:		YEAR LEVEL/FORM:
SIBLING DETAILS AT PRIMARY/SECONDARY ICS SITE:		
Name:	YEAR LEVEL:	Primary/Secondary
Name:	YEAR LEVEL:	Primary/Secondary
I request permission for my child to be absent from school between:		
First Day of Absence from School	Date of Return to School	Total School Days absent
Please detail below the reason for your request for absence from school in term time and include any supporting information. The Principal will not be able to consider your request without a clear rationale and you may be requested to submit supporting documentation.		
NUMBER OF DAYS PREVIOUSLY REQUESTED THIS ACADEMIC YEAR _____		
Signed (Parent/Guardian): Print Name:		Date:
For School Use Only		
The school has considered your request for absence in exceptional circumstances and the absence will be recorded as follows:		
Number of Authorised Sessions:	**Number of Unauthorised Sessions:**	**Number of Unauthorised Sessions to date:**
Signed:	Position:	Date: