



Rishworth School

REQUEST FOR PUPIL LEAVE OF ABSENCE

Pupil's Name:..... Form:.....

Proposed date of absence:.....

Full day / Morning / Afternoon *(delete as appropriate)* or Time:.....

Reason for absence:

Signature of parent/guardian:.....

Date:.....

Approved by Headmaster:.....

Date:.....

This form should be forwarded to the Headmaster a minimum of two weeks before the proposed leave of absence. (An accompanying letter may also be added to explain the request if necessary). It should not be assumed that permission has been granted until the form has been signed by the Headmaster and returned to the parent or guardian.