**LEAVE OF ABSENCE REQUEST**

All requests should be submitted to the Head a minimum of two weeks before the proposed leave of absence. (An accompanying letter may also be added if additional space is necessary to explain the request.) The School understands that two weeks’ notice might not always be feasible in certain instances (eg medical appointments).

Please note that it should not be assumed that permission has been granted until this form has been signed by the Head and returned to the parent or guardian.

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_\_\_\_\_

Proposed date(s) of absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for absence:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Approved by the Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_