



Queen Elizabeth II High School Sixth Form

Special Leave of Absence Request



NAME:	YEAR & TUTOR:
SPECIAL LEAVE OF ABSENCE DATES: (If only for one day, please put date in "From" section and leave "To" section blank)	
From: To: <u>inclusive</u> (date of first day of absence) (date of last day of absence)	
For absences of only part of a day please state the time due to leave School and return: Time Out: Approximate Time due back in:	
REASON FOR SPECIAL LEAVE OF ABSENCE REQUEST: (Please tick an option)	
<ul style="list-style-type: none"> <input type="radio"/> Hospital appointment - state time of appointment and reason below <input type="radio"/> Emergency dental treatment - give details below <input type="radio"/> Court attendance - state reason below <input type="radio"/> Bereavement of a close relative - state relationship below <input type="radio"/> Serious illness of a close relative - state relationship below <input type="radio"/> Wedding of a close relative <input type="radio"/> Undertaking examination in connection with a course of study <input type="radio"/> One off family event – please state details below <input type="radio"/> Other extenuating circumstances - please state reason below 	
Further details:	
REQUEST MADE BY:	
Student Signature:..... Date: Parent/Guardian Signature:..... Date:	
AUTHORISED BY:	
Director of KS5 Signature: Date: Head Teacher Signature: Date:	
FOR OFFICE USE ONLY	
Permission granted: Yes/No SIMS coding given: Input on SIMS: Yes/No	If permission not granted reason stated below:

Please hand this form in to the School Reception upon completion.