

POOLE HIGH SCHOOL SIXTH FORM

REQUEST FOR LEAVE OF ABSENCE



Student Name Tutor Group.....

I am requesting a leave of absence from:

DAY	MONTH	YEAR	to	DAY	MONTH	YEAR

As a result, I will be missing the following lessons:

Date	Period	Subject	Teacher

(continue overleaf if there is not enough space above)

I require this leave of absence for the following reason(s):

.....

- If this request is medical in nature or if my attendance is below 92% I understand that this may not be authorised without providing evidence to support my request.
- I understand that whether this is recorded as authorised/unauthorised, I am committed to catching up on missed learning during my own time. It is my responsibility to fulfil this obligation, and I realise that my studies, and ultimately my grades may suffer as a result of this leave.
- I also understand that this may affect Bursary Scheme payments, if I am eligible.

I will return to collect my permission slip which I will show at Reception when signing out.

Student Signature..... Date

Parent/Guardian Signature Date

OFFICE USE ONLY – Date Application Received.....Overall Attendance %.....

Please record as AUTHORISED / UNAUTHORISED on Lesson Monitor. Signed Date

Recorded on Lesson Monitor by under CODE..... Date

Poole High School Sixth Form – Permit to leave school premises

Name:..... Tutor Group..... Date.....

Permission to leave school at.....am/pm. Authorised by.....Head of year

THIS PERMIT MUST BE SHOWN AT RECEPTION WHEN SIGNING OUT