

Leave of Absence

Flegg High Ormiston Academy will not approve any absence in term time, except in exceptional circumstances. Please complete the section below and return before the absence.

Students Name _____ Form _____

Absence start date: _____ to _____

Date returning to school _____

Do you have another child at school (YES/NO)

If yes, what school do they attend _____ Childs name _____

Reason for request – This section must be completed, please continue on back of form if required.
ALSO please include any evidence to support the request.

Signature of parent/carer _____ Date _____

Name of Parent/Carer _____

School Use Only

Attendance _____ Authorised _____ Unauthorised _____

Has holiday already been taken this year YES/NO

Agreed/Not Agreed. Principals Signature _____ Date _____

Reply Date _____