

LeAF Studio

Holloway Avenue, Bournemouth, Dorset BH11 9JW

Tel: 01202 578886

Email: studioschool@leaf.bournemouth.sch.uk

Website: www.leafstudio.co.uk

Principal: Mrs N Lapskas

**LeAF
Studio****ABSENCE REQUEST FORM**

| | |
|------------------------|--|
| Name & Year | |
|------------------------|--|

| | | |
|--|--|-------------------|
| No of hours/days requested | | Hours/days |
| Dates & time leaving/arriving | | |
| Reason | | |

| | | | |
|------------------------------|--|-------------|--|
| Date of request | | | |
| Name (Parent/Carer) | | | |
| Signed (Parent/Carer) | | Date | |

| | |
|--|---|
| Authorised by each subject teacher (please sign in the box) | |
| Head of Year | Date |
| Principal Mrs Lapskas | Date |
| Code | Professional___ Holiday (agreed)___ Holiday (declined)___ Medical___ Educational visit___ Other___ |

Please take this form to all teachers whose subject you will miss for their signature, prior to giving it to the Head of Year and then to Mrs Lapskas. Thank you. This form should be completed with at least 2 weeks notice.

Absence request

Name: Date:

Dates:Current attendance %:

Approved/Not approved: Yes No

Reason: