



Wye School
The best in everyone™
Part of United Learning

Application for Leave during term time
To be filled in only by parent or carer

Student Name _____

Tutor Group _____ Date _____

I wish to apply for leave from school for my child for the following days:

(Note that 15 days' notice prior to the first day of the absence are required)

Leave date _____ (date/month/year)

How many academic days _____

Returning to School on _____ (date/month/year)

My proposed destination is _____ (date/month/year)

Please give a full explanation of why this request for leave had been made:

Name of parents/carers _____

Address _____

Contact Phone Number _____

Parent/Carer Signature _____

This form must be returned to the Attendance officer – Miss Tavernier

Alternatively this form may be emailed to Miss Tavernier at attendance@wyeschool.org.uk

Official Use:

Approved

Not Approved

Vice-Principal

Sign: _____

Date: _____