

Leave of Absence Request Form

I / We (*) request permission for my child / children (*) to be absent from Sark School.

Name of Child/Children	
Date of first day of absence from school	
Date of return to school	
Total number of days absent from school	
Reason for absence (Please give as many details as possible for why you would like a term-time absence to be authorised. Please also provide any supporting documentation.)	
Name of Parent(s)	
Date	
(Office Use)	
Head of School Authorisation	
Date	