

THE BICESTER SCHOOL

Request for Student Leave of Absence

Personal Details	
Surname/Family name: _____	First name: _____
Tutor Group _____	

Request for Leave of Absence:	
From (day and date):	_____
To (day and date):	_____
Total number of days:	_____
Examinations:	
Any exam or controlled assessment missed due to unauthorised absence will result in a charge being levied to recoup exam board fees.	

Student Leave of Absence Request: Summary

Annual Holiday	Due to new legislation holidays can only be taken in exceptional circumstances at the discretion of the Headteacher
Bereavement	Up to 5 days – discretionary
Sickness of Close Relative	1-3 days – discretionary
External Examinations (i.e. Music / Dance)	Maximum of 2 days per year
Sporting or other Representative Activity	1-2 days per instance

Reason for Absence During Term Time*:

Parents Signature:	_____
Date:	_____

For School Use Only

Authorised / Unauthorised *

Date:

Attendance Officer

Examinations
