

Request for a leave of absence						
In line with the Trust's SW12 Att						absence.
Please complete	this form and submit	it to reception at	your child's	academ	у.	
Academy:						
Name of child(ren):						
Class:						
Dates (inclusive):	From:		То:			
Please state the reasons for the request: You may submit a covering letter.						
Name of parent(s) submitting request:						
Signature:						
For academy use:						
Current attendance:						
Authorised:		Unauthorised:				
Date parent(s) informed / letter sent:						
SLT sign-off:			Name:			