

STUDENT LEAVE APPLICATION FORM

This form is to be used by students for all leave applications including medical leave. All applications must be supported by a parent/guardian and approved by the Head of School or Principal. Medical certificates must be attached for submission on the student's return to school. Incomplete forms will not be processed.

Name of Student: _____

Year Group: _____ Date: _____

Please complete the following:

- ☐ Medical (please attach medical certificate)
- ☐ Other

Reason for leave:

Approved by:

Name of Head of School/Principal

Date and Signature

Supported by:

Name of Parent/Guardian

Date and Signature

Contact Number

CONFIDENTIALITY POLICY

Data and information collected will be treated as confidential and is for official use by the School only. Unless requested by government agencies, written permission will be obtained from you if the data is used for purposes beyond the original intent.