



Community School

The Drive
Walthamstow
London E17 3BN
Tel: 020 8520 0775

LEAVE OF ABSENCE

Child's Name:.....

Class:.....

I apply for leave of absence for the period:.....

TO:

REASON: *Because everyone has a future...*

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.....

Signed: Dated:

Please note that where an absence is unauthorized this will be shown in your child's records as such.

TO BE COMPLETED BY THE HEADTEACHER

I authorise / I do not authorise the absence as indicated above

Signed: Dated

