



Oreston Community Academy  
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Oreston  
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## APPLICATION FOR EARLY LEAVE FROM SCHOOL

If for any reason apart from a medical appointment you would like to request early leave for your child, please complete this form.

To: The Headteacher Oreston Community Academy

CHILD'S NAME: ..... CLASS.....

I wish to apply for early leave of absence for my child/ren for the reason supplied below.

REASON:

DATE: .....

TIME.....

The information I have given on this form is correct.

SIGNED .....

DATE.....

**For office use only:**

**Authorised/Unauthorised, Current Attendance.....%**

HEADTEACHER .....

DATE.....

Entered onto SIMS

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