



AUTHORISED ABSENCE

Parent email address:	
Name of student:	
Date & time to be absent from?	
Date & time to return?	
If your child has any siblings that are also applying for this leave of absence, please enter their name below.	
Please explain why you are applying for an authorised absence and the circumstances which make your application exceptional and also why the leave cannot be taken during the 19 weeks holiday we have per year. If you are requesting authorisation to attend a specific event please confirm the date of the event and explain your travel arrangements.	

By submitting this form you agree for the personal data entered this form to be used & handled in accordance to our data protection/GDPR policy. Our data protection/GDPR policy can be viewed on our website.

Submit to: attendance@buckswood.co.uk