



# EVENING LEAVE

Parent email address:	
Name of student:	
Date of last day of attendance	
Name of additional students attending (if any)	
Date of Evening Leave	
Time leaving	
Destination	
I consent for my son/daughter to take this evening leave	

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: [hob@buckswood.co.uk](mailto:hob@buckswood.co.uk)