**Please note only Orthodontist or Hospital appointments will be authorised**

**All other appointments must be booked outside of Academy hours**

**ABSENT REQUEST FORM - STUDENTS**

|  |  |
| --- | --- |
| **First Name: Last Name:** | **Tutor Group:** |

|  |  |
| --- | --- |
| **Date of Request** |  |
| **Date of Appointment** |  |
| **Time of Departure from School** |  |
| **Time of Return to School** |  |

|  |
| --- |
| **Reason for Absence:** |
|  |

|  |  |
| --- | --- |
| **I will collect my child from Walthamstow Academy** |  **Y / N** |
| **My child can leave Walthamstow Academy and travel on their own to their appointment** |  **Y / N** |

|  |
| --- |
| **Parent / carer signature:** |
| **Print name:** |

**Please note: At least 48 hours’ notice is required**

 **Applications for absence may not be authorised**

 **Please fully explain why time off is necessary**