



SHERBORNE SCHOOL

LEAVE REQUEST APPLICATION FORM

To be completed by Parents/Guardians

Pupil Information

Name of Pupil: _____

Tutor Group: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Contact Number: _____
- Email Address: _____

School Leave Details

- Proposed Leave Start Date: _____
- Proposed Return Date: _____
- Total Number of School Days to be Missed: _____

Reason for Leave (Please tick appropriate reason)

- Medical Treatment
- Family Emergency
- Other (Please specify): _____

Important Notice

Parents/Guardians are required to submit this form for approval by the Deputy Head Pastoral or Headteacher at least **10 days** before the proposed leave. Please note that approval of leave is at the discretion of the school.

***Pupils must be present in school for important assessments/examinations. Work will only be set at the discretion of the school on a case-by-case basis.**

Signature of Parent/Guardian

I understand that taking my child out of school during term time may affect their academic progress. I confirm that all details provided are accurate.

Signature: _____

Date: _____

For School Use Only

- Date Received: _____
- Deputy Head Pastoral/Headteacher Approval:
 Approved Denied Comments: _____

Signature: _____

Date: _____

Please return the completed form to Deputy Head Pastoral or Headteacher. A copy of the form will be shared with parents.

Sherborne School W.L.L | مدرسة شيربورن ذ.م.م

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