



WREKIN

ABSENCE REQUEST PERMISSION FORM 2025-2026

This form should be used to request leave of absence for exceptional circumstances.
Once completed, please return this form to the school office, either by email to headspa@wrekincollege.com or in person.

Your Full Name:			
Child's Full Name:			
Child's House:			
Dates of Absence:			
How many full days of school will be missed?			
Reason for Absence:			
Have you requested any other absences this academic year and, if so, for how many full days?			
Parent / Guardian Signature:		Print Name:	
Relationship to Child:			
Date of Signature:			
THIS SECTION TO BE COMPLETED BY THE HEAD			
APPROVAL GIVEN:	YES / NO	HEADMASTER'S SIGNATURE:	
DATE:			
APPROVAL CANNOT BE GIVEN:		HEADMASTER'S SIGNATURE:	
REASON :			
DATE:			