



Re-founded 1555

Ripon Grammar School

Helping shape the future since 1555



APPLICATION FOR STUDENT LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME

Name of student(s):

Form:

Home address:

Contact tel no:

Email address:

I request permission for my child to be absent from school

from to
.....

Total school days

Reason for request: *this must be for exceptional circumstances only – please refer to stated criteria. Continue on a separate sheet if necessary.*

Signature of parent/guardian date

For school use only

Received by headmaster (signature) date

Decision reached

Date reply returned to parent/guardian

Headmaster: Mr. Jonathan M. Webb, MA (Cantab).

Address: Clotherholme Road, Ripon, North Yorkshire HG4 2DG Telephone: (01765) 602647 Facsimile: (01765) 606388

Email: admin@ripongrammar.co.uk Website: www.ripongrammar.co.uk

