



# Ripon Grammar School

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

Name of Student(s) :

Form :

Home Address :

Contact Telephone Number :

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 .....

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*For school use only*

Received by Headmaster (signature) ..... Date .....

Decision reached .....

Date reply returned to parent/guardian .....

*Founded in Saxon Times, re-founded in 1555*

**Headmaster:** Mr Jonathan M Webb, MA  
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