**EXCEPTIONAL LEAVE OF ABSENCE REQUEST FORM**

**Date request being made:**

**Date(s) of requested exceptional leave of absence:**

|  |  |
| --- | --- |
| **from:** | **to:** |

**Name of student: ………………………………………..**

**Request made by:**

**Requester’s relationship to student:**

**Reason for exceptional leave of absence – please mark below.**

|  |  |
| --- | --- |
|  | medical or other healthcare appointment that cannot be arranged outside scheduled curriculum hours |
|  | graduation or marriage of immediate family member e.g. sibling or parent  |
|  | days of religious observance  |
|  | seeing a parent who is on leave from the armed forces  |
|  | competition participation  |

Please send this complete form to studentabsence@derwen.ac.uk **no fewer than ten working days prior to the first date of the requested leave of absence**

It will be forwarded to the Director of Learning & Curriculum Development for a decision within two working days of receipt.