

***Sixth Form Request for Leave of Absence during Activities Week***

*The student is asked to complete or have completed all relevant sections before submitting the form to the Headteacher.*

**NAME:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of requested absence:** **15-19 Jul 2024**

**Number of school days missed:** **5 days**

**Reason for requested leave:** **Activities week work experience (students are**  **not permitted to undertake paid employment**  **during this time)**

**Intended work experience:**

**Signed (student):­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I understand that Victoria College can have no responsibility for my son during the period of absence that I am hereby requesting and that he will not be protected by the normal Insurance cover provided by the Department of Education Sport and Culture.*

**Signed (parent****):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Acknowledged by the Deputy Head of Sixth Form ………………………………………………...