

Yr Ysgol John Frost - The John Frost School

Lighthouse Road, Duffryn, Newport NP10
Tel: 01633 654100 email: post@thejohnfrostschool.co.uk
Website: www.thejohnfrostschool.co.uk

Request for Absence from School

PLEASE COMPLETE IN BLACK INK

Name of student:	Form:
Dear Mr Wilson	
I, the parent/guardian of the above student, request leave of absence from school for a period days between to	
Reason for Request:	
SignedParent/Guardian	Date
Please return this form to Miss Edwa	rds, Attendance Officer, The John Frost School
Dear Parent/Guardian	
Request for Absence from S	School
The Headteacher is willing to agr	ree to your child's leave of absence as requested above.
The Headteacher is unwilling to a	gree to your child's leave of absence as requested above
SignedAttendance Officer	Date