**Request for Authorised Absence for Specialist Coaching/Training & Offsite Tuition**

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| **Application Date:** |
| **Pupil Details** |
| **Pupil Name:** | **Class:** |
| **DOB:** | **Name of person completing this form & relation to pupil:** |
| **Organisation Details** |
| **Type of coaching to attend:** | **Organisation name & address:** |
| **Named coach/contact:** | **Email address:** |
| **Telephone number:** | **Designated Safeguarding Officer of the organisation:** |
| **Coaching/training details**  |
| **Purpose of the coaching:** | **Outline how your child will catch up on any missed learning** |
| **Date to commence:** | **Day (s) requested:** |
| **Time(s) requested to leave school:** | **Travel arrangements- who will collect and ensure your child returns home or to school safely:** |
| **In addition to the above please provide the following documents:**1. Supporting letter (eg invite to attend the sessions by the organisation)
2. An up to date copy of the organisation’s safeguarding policy
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| **School Response:**Supporting letter provided: Yes/NoCopy of organisation’s safeguarding policy supplied to school: Yes/No**Name: Role: Date:** |