

LEAVE OF ABSENCE FROM SCHOOL

To be completed by Parent/Carer/Guardian
(one form to be completed for each child)

Name of Pupil:		
School:		Year/Class:

Your request will be considered by the Headteacher. Please note all requests will be judged on an individual basis but any leave of absence can only be approved in exceptional circumstances.

Dates for requested leave of absence: From To

Number of days that have been requested:

Please give brief reasons for your request for the leave of absence.

Parent(s) Name:

Address:

Is there any other parent living at this address? Yes*/No *If yes Name:

Signature(s).....Date.....

Address of any **non-resident** parent

To be completed by School

Your request for leave of absence **has/has not*** been approved for the following reason(s):

Date received by school: Date refusal letter was sent:

Headteacher's Signature: Date:

The code placed in the register will be: (please circle relevant code)	C	G	H	O	P	R
	Performance (licence required) /Exceptional circumstances	Unauthorised Leave of absence	Authorised Leave of absence	Unauthorised (other reason)	Approved sporting activity	Religious observance