



REQUEST FOR LEAVE OF ABSENCE

Child(ren)'s Name: _____ Class: _____

Date(s): 1st day of absence: _____

Last day of absence: _____ Total No. Days: _____

I request a leave of absence for my child to be absent from school for the above date(s) for the reason detailed below:

(Please outline the reasons why this absence cannot be taken outside term time)

Signature of parent/guardian: _____ Date: _____

This form is to be completed by the parent/guardian and forwarded to the Head Teacher **at least two weeks** prior to the above dates.

Leave of absence in term time can only be granted in **exceptional circumstances** at the discretion of the Headteacher.

To the parents/Guardians of: _____ Class: _____

- Or
- YES - Permission is granted for the leave of absence you have requested for your child.
- NO - Permission is not granted for the leave of absence you have requested for your child for the following reason:

Signed: _____
Headteacher

Date: _____