

Bolsover C of E Junior School

APPLICATION BY PARENT/S FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES.

Name of Child..... Year Group

Name of both parents Mr

Mrs/ Ms/Miss

Address

.....

.....

I / We wish to apply for our child to be absent from school for **EXCEPTIONAL CIRCUMSTANCES**.

Dates:

From..... To.....

Total number of days requested

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances:

Signed (both parents if applicable)

Date

.....

.....

THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE.