

APPLICATION FOR PUPIL LEAVE OF ABSENCE DURING TERM TIME IN
EXCEPTIONAL CIRCUMSTANCES

Name of pupil(s):

School:

Class(es):

Address:

Telephone No:

Siblings (if different school)

Schools attending:

I request permission for my child to be absent from school

From.....To.....Total school days.....

Exceptional circumstances for request:

(this section must be answered in full and against stated criteria)

Signature of parent/carer.....Date.....

For school use only

Seen by Head teacher (signature).....Date.....

Decision reached.....

Date reply returned to parent (s).....