

**APPLICATION BY PARENT/CARER FOR CHILD'S LEAVE OF ABSENCE
FROM SCHOOL DURING TERM TIME**

Pupil's Name Year

Home address
.....

I wish to apply for my child to be absent from school during the following dates:

Date of last day at school Date of return to school

Total number of school days missed

Reasons for absence from school
.....
.....
.....

I make application for my child named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed, then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons or irregular school attendance.

Name of Parent/Carer making application

Signed Date

**PLEASE RETURN COMPLETED APPLICATION FROM TO THE SCHOOL OFFICE GIVING AT
LEAST 4 WEEK'S NOTICE OF INTENDED ABSENCE**

For office use – Authorised: Signed