

Request for Leave of Absence



Name/s of child/ren

Class

I / We request that the child/ren named above be granted leave of absence from:

DAY

DATE

MONTH

First day of absence _____

Last day of absence _____

PLEASE ENSURE YOU SPECIFY IN THE BOX BELOW , DETAILED INFORMATION REGARDING THE REASON FOR THIS REQUEST.

If requesting absence for holiday. Please give full details as to why this cannot be taken outside of term time. Continue overleaf if necessary.

Signed

Printed

Date

_____ days absence has been authorised

_____ days absence has not been authorised in line with current school policy on term time holiday requests

Headteacher : _____

Date: _____