

# 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 and will be recorded as: \_\_\_\_\_

\_\_\_\_\_ days absence has not been authorised in line with current school policy on term time holiday requests and will be recorded as: \_\_\_\_\_

Headteacher : \_\_\_\_\_

Date: \_\_\_\_\_

### Codes: (office use only)

B Educated off site

H Authorised leave

P Approved Sporting Activity

V Educational Visit

C Other authorised – exceptional circumstances

O Unauthorised leave

R Religious Observance

W Interview at Prospective School