

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

Name of pupil(s):

Full Name of Parent/Carer(s)

School:

Home 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/carers.....Date.....

For school use only

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

.

Decision reached.....

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