



**Request for leave of absence during term time**

Pupil(s) name.....Pupil(s) class.....

Pupil's address.....

Date of first day of absence.....Date of return to school.....

Number of school days that your child will be absent from school .....

Further details regarding the absence i.e: timings if ½ day.....

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Please detail the exceptional circumstance for which you are requesting leave of absence:

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.....  
.....

***I understand that if the absence is not authorised and the holiday is taken, this may result in a penalty notice being issued or legal action taken for poor attendance.***

Name(s) of Parent/Carer(s) making the application:

Dr/Mr/Mrs/Miss/Ms (please circle)

Forename.....

Surname.....

Address.....

.....

Signed.....Dated.....

Dr/Mr/Mrs/Miss/Ms (please circle)

Forename.....

Surname.....

Address.....

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Signed.....Dated.....

**Please ensure you are giving at least seven days' notice of the proposed absence, retrospective applications cannot be authorised**

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For school to complete:

AUTHORISED      UNAUTHORISED (please circle)