

**APPLICATION FOR STUDENT LEAVE OF ABSENCE**

**IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME**

Name of student(s): Form:

Home address:

Contact tel no: Email address:

I request permission for my child to be absent from school

from ………………………………………… to

……………………………………..

Total school days …………….

**Reason for request:**

*this must be*

*for exceptional circumstances only*

*–*

*please refer to stated criteria. Continue on a separate sheet if necessary.*

Signature of parent/guardian ………………………………date …………….

*For school use only*

Received by headmaster (signature) …………………… date

…………….

Decision reached ………………………………………………………………..

Date reply returned to parent/guardian …………………………………………….