

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

Name of pupil(s): _____

D.o.B(s): _____

School: _____

Class(es): _____

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)

Signature of Parent/Carer _____ Date _____

For school use only

Seen by Headteacher (signature) _____ Date _____

Decision reached _____

Date reply returned to parent (s) _____ Bromcom