

APPLICATION FOR LEAVE OF	ABSENCE FOR YC	OUR CHILD DURING TERM TIME
WEEKS before the date when you want the following factors are considered:	nt the period of absence	a it to the school office AT LEAST TWO e to start. Before the decision is made, with exam dates, educational progress ctors.
Student's Full Name:		Date of Birth:
	Form:	
Period of absence for days	from:	to: (inclusive)
		explain the exceptional circumstances tional sheets with evidence from your
Name:	Relationsh	ip to student:
Signed:		Date:

Sections below to be co	mpleted by school staff only
Current Attendance%	Previous holidays checked
Decision Pergerding Perguant Fr	or Logue Of Absonce In Term Time

Decision Regarding Request for Leave Of Absence in Term Time
Number of days requested:
Absence request authorised
Absence request unauthorised
Absence request can be partly authorised
Reason for decision (if appropriate)
Signed: