

**REQUEST FROM PARENTS/CARERS FOR LEAVE OF ABSENCE FOR A PUPIL DURING TERM TIME**

Please complete this form and return to the school office. You will receive a reply as soon as possible.

**Pupil Name/s: …………………………………………………………..**

**Class/s: …………………………………………………………………...**

**Period of Absence: From …………………………… To ………………………………. (inclusive)**

**Total number of school days absent: …………………………………..**

**Reason for absence (please explain in full)……………………………………………………………**

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**Signed (parent/carer): ………………………………………………. Date: …………………………..**

**For Office use only:**

**Number of days leave of absence already taken in current academic year:**

|  |  |
| --- | --- |
| **Holidays** |  |
| **Illness** |  |
| **Other \*** |  |

**\* Specify other: ………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**Head of School (signature)…………………………………………………………………………**

|  |  |
| --- | --- |
| **Authorised** |  |
| **Unauthorised** |  |