



## Request for a Leave of Absence Form

Pupil Name..... Tutor Group.....

Pupil's address.....

Date of first day of absence..... Date of last day of absence.....

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

*If a pupil fails to return within ten school days following the anticipated date of return and no reason is provided, there may be grounds (under some circumstances) to delete your child's name from the Admissions Register and register them as a Child Missing Education.*

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

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Name of Parent/Guardian(s) making application:

Dr/Mr/Mrs/Miss/Ms

Forename..... Surname.....

Address.....

Signed..... Date.....

Dr/Mr/Mrs/Miss/Ms

Forename..... Surname.....

Address.....

Signed..... Date.....

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

For school to complete and copy retained      AUTHORISED/UNAUTHORISED (please circle)

Principal's Signature..... DATE.....