

**Request Form for Leave of Absence**

If you wish your child to have time off during term time for any reason, except for sickness and medical appointments, please fill in the form below and **return it to the school office giving at least two weeks’ notice.** May we remind you that leave of absence is only granted for special reasons. Any extra time taken off school should be avoided if possible.

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| Name of pupil:  |
| Date of Birth: |
| Address: |
| Date of First Day of Absence from School | Date of Return to School |
| Reason for Absence: *Please give a detailed explanation for the reason you have requested absence from school during term time. Any supporting information can be attached to this form.* |
| Name: …………………………………………………. Signed: ………………………………………………….(Parent/Guardian) | Date: …………………… |
| Deputy Head/Junior Dept Head comments:-Signed…………..………………………………………….. | Date: …………………… |