

Leave of Absence Request Form



St Paul's CE Primary
School

APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL

Full name of child(ren)

Address

Dates requested

Exceptional Reasons for application

Has leave of absence been taken in term time before?

Are you requesting leave of absence for any siblings at another school? If so please provide details.

Signature of parent(s) / carer(s) (applications can only be made by parents/carers)

Date

Office use only

Seen by Headteacher

Agreement reached

Other outcome

Date / /