



Application for Leave of Absence during Term Time

A. Pupil Details			
Student Name:		DOB:	
Address:			
Form Class			
Sibling Name(s)		DOB:	
		DOB:	
		DOB:	

B. Leave of Absence Request Details			
Start date of requested leave:		End date:	
Return to school date:		Number of days requested:	
What are the exceptional circumstances for your leave of absence request that you wish the school to consider?			
Name of Parent/Carer:			
Signature:			
Date:			

C. For School Use Only			
Attendance %			
Previous LoA this academic year:			
Does the LoA request coincide with test/examination periods:	YES	NO	
Is LoA approved:	YES	NO	
If YES – number of days to be authorised for this LoA application:			
Register Code to be used for this LoA:			

Headteacher's Signature: _____

Date: _____