

LEAVE OF ABSENCE FROM SCHOOL

To be completed by Parent/Carer/Guardian

		(01101101)	m to be completed	ior each child)		
Name of					DOB	
Pupil:						T
School:						Year/Class:
Your request will be considered by the Headteacher. Please note all requests will be						
judged on an individual basis but any leave of absence can only be approved in						
exceptional circumstances.						
Dates for requested leave of absence: From To To						
Number of days that have been requested:						
Please give brief reasons for your request for the leave of absence.						
5 (/) 1						
Parent(s) Name:						
A -1 -1						
Address:						
le there any other parent living at this address? Vest/Ne *If ves News						
Is there any other parent living at this address? Yes*/No *If yes Name:						
Cianoturo(o)						
Signature(s)Date						
Address of any non-resident parent						
Address of any non-resident parent						
To be completed by School						
Your request for leave of absence <i>has/has not*</i> been approved for the following reason(s): <i>Please see attached letter*</i> (*delete as appropriate)						
Please see	allacrieu iell	er ("delete as	арргорпате)			
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Date receive	ed by school:		Date refu	ısal letter was s	ent:	
	·					
Headteache	·		Date refu			
Headteache	er's Signature:				Date:	
Headteache	·					
Headteache The code placed in the	cr's Signature: C Performance (licence	G Unauthorised	H Authorised Leave	O Unauthorised	Date:	R Religious
Headteache The code placed in the register will be:	er's Signature: C Performance	G	н	0	Date:	R
Headteache The code placed in the register will	cr's Signature: C Performance (licence required)	G Unauthorised Leave of	H Authorised Leave	O Unauthorised	Date:	R Religious