



REQUEST FOR PERMISSION TO REMOVE A PUPIL FROM SCHOOL DURING TERM TIME

Parents are reminded that permission for leave of absence will only be granted by Governors in exceptional circumstances.

Name of Child(ren): _____

Date of Birth(s): _____

Address: _____

Year Group(s): _____

Destination: _____

Number of school days missed: _____ (do not include weekends or school holidays)

Reason for taking absence in term-time: _____

Have you taken any other leave of absence in term time during this school year? YES/NO

If YES, how many school days were missed? _____

Request for absence (give dates). [NB: If this absence request includes a ½ day, please state the collection or drop-off time applicable.]

First day of absence: _____

Will return to school on: _____

Signed: _____ (Parent/Guardian) Date: _____

Contact Telephone Number _____

NB: This form is to be completed by the parent or guardian and forwarded to the Head teacher 4 weeks before the commencement of the holiday

Requested Leave of Absence for _____ Granted/Not Granted

Signed: _____ Date: _____
(Head Teacher on behalf of Governing Body)

