

Application for Leave of Absence during Term Time



A. Pupil Details			
Name:		DoB:	
Address:			
Class / Form:			
Siblings name(s):		School(s)	

B. Leave of Absence Request Details			
Start date of requested leave:		End date:	
Return to school date:		No. of days:	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider?			
Name of parent / carer / step parent (FULL name):			
Signature:		Date:	
Name of parent / carer / step parent (FULL name):			
Signature:		Date:	

C. For School Use			
Previous LOA this academic year:			
Does the LOA request time coincide with test / examination periods:			
Is the LOA approved?:	YES	NO	
If YES - Number of days to be authorised for this LOA application:			
Signature of Head Teacher / designated member of staff:		Date:	
*Register Code to be used for this LOA:			