

**APPLICATION FOR EXCEPTIONAL LEAVE DURING TERM TIME**

Pupil Name:

Class:

Application Date:

Leave Start Date:  
(1<sup>st</sup> Day of absence)

Leave Duration – No of Days Off School:

Date of Return to School:

Reason for Absence:

Signed:.....

Parent/Guardian Name:

**FOR OFFICE USE ONLY**

HEADTEACHER'S DECISION

Previous Number of leave days (this year): .....

Authorised: Yes / No (delete as appropriate)

Number of Days Authorised: .....

Number of Days Unauthorised: .....

Signed: .....

**- Our School Values -**



**Respect**



**Collaboration**



**Commitment**