

APPLICATION FOR EXCEPTIONAL LEAVE DURING TERM TIME

Pupil Name:

Class:

Application Date:

Leave Start Date:
(1st 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 -

