

**APPLICATION FOR PUPIL LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES
DURING TERM TIME**

Name of pupil(s):

Class(es):

Address:

Telephone No:

I request permission for my child to be absent from school

From.....To.....Total school days.....

Exceptional circumstances for request:

(this section must be answered in full and against stated criteria)

Signature of parent/carer.....Date.....

For school use only

Seen by Headteacher (signature).....Date.....

Decision reached.....

Date reply returned.....