**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………………………………..

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**For school use only**

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

Decision reached……………………………………………………………………………………….

Date reply returned…………………………………………………………………………………….