



APPLICATION BY PARENT/S FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES.

To the Headteacher

Name of Child..... Year Group

Name of both parents Mr

Mrs/ Ms/Miss

Address

.....

I / We wish to apply for our child to be absent from school for EXCEPTIONAL CIRCUMSTANCES.

Dates: From..... To.....

Total number of days requested

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances:

Signed (both parents if applicable) Date

.....

THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE.

FOR OFFICE USE: Is there a clash with any external exam. Yes / No

Which exam.....

Headteacher's decision: REFUSAL

APPROVAL

Signature:

Date:.....