



Appendix 2

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

Name of pupil(s):

School:

Class(es):

Siblings (if different school) Schools attending:

I request permission for my child to be absent from.....to.....

Total school days.....

Exceptional circumstances for request: (this section must be answered in full)

Signature of Parent / CarerDate.....

For school use only:

Seen by Head teacher (signature).....Date.....

Date reply returned to parent (s) Signed

Total number of absences to date	
Number of authorised absences to date	
Number of unauthorised absences to date	

Decision reached.....