

Appendix 2: Leave of absence form



Name of School:

APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Please note: taking your child out of school during term time could be detrimental to your child's educational progress

Full name of child(ren)

Address

Leave requested from _____ to _____

Total number of school days _____

Reason for application:

I/we have read the information on the reverse of this application and would like to formally request the leave of absence as shown.

Signature of parent(s)/carer(s) _____

Date: _____

The Headteacher / Head of Academy will consider your request for leave of absence following the current government and local guidelines.

Your request for leave of absence from Academy during term time has been considered and has been agreed/not agreed.

Signature of Headteacher _____

Please note: Retain the original signed and completed forms in Academy records and ensure a copy is returned to the parent/carers of the student to confirm authorisation.