MELBOURNE INFANT SCHOOL

Headteacher: Mrs C Gibbs B.Ed, (Hons)

 **LEAVE OF ABSENCE REQUEST FORM**

PLEASE NOTE - The Education (Pupil Registration) (England) (Amendment) Regulations 2013 state that Headteacher's should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

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| Name of Child(ren) | Year Group |
|  |  |
|  |  |

Childs Address

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|  |

Name of Applicant(s) and Address (if different)

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**I / We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES on the following dates.**

From: To:

Total number of days our child(ren) will be absent from school:

|  |
| --- |
| Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances. Please include the names of the adult(s) who will be with your child(ren) during their absence from school. Continue over the page if necessary. |

Signed (both parents if applicable):

Date: