**APPLICATION FOR PUPIL LEAVE OF ABSENCE DURING TERM TIME**

**Please return completed forms to helenr@roose.cumbria.sch.uk**

Name of Child(ren):

Year Group:

Address:

Dates of Absence requested:

Number of days requested:

Reason for request:

Name of Person completing form:

Email address for reply:

Date of application:

**Outcome decision (Office Use Only)**

Your application for pupil leave during term time is authorised/unauthorised

Date:

Name: