Application for Leave



A.			Pupil Details				=2
Name:				DoB	:	Form	
Address:					\		
			*				
Primary Sibling Sc				School T	hool They		
				Attend	**************************************		
					15		
B. Leave of Absence Request					s		
Start date of requested leave:					End date:		
Return to school date:					No. of days:		
What are the exceptional circumstances for your leave of ab						vish the school	ol to consider?
Name of no	ront / sou	cor (print):					7
Name of parent / carer (print):					Date:		
Signature:	cont / co	ror (print):			Date.		
Name of parent / carer (print):					Deter		
Signature:					Date:		
	L		N	- "-			
Under current regulations a school cannot authorise ANY holidays in term time, unless there							
are circumstances deemed exceptional by the Head Teacher.							
Careful consideration will be given to your application however I must warn you that failure to ensure your child's attendance is an offence under Section 444 of the Education Act 1996 and							
if reasons for your child's absence from school are not satisfactory then the Local Authority may take legal proceedings against you for your failure to comply with the law and this may							
result in a Penalty Notice being issued.							
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If the leave of absence is for a sporting activity could you please provide documentation, i.e.							
		confirmati	on of acceptant	ce from the	event organiser	s?	
C.	737	For	School Use				
Current atten	dance %:						
Previous LOA	this aca	demic year:					
Does the LOA request time coincide with SATS /							
other examination periods:							
Any mitigating / aggravating circumstances						× (
(Including any ongoing medical issues):						2.4	
Total of Total Open	- 10 10 1		in all property				
Child's current / potential level of attainment?							
Is the LOA approved?: If YES - Number of days to be authorised for this LOA					YES		NO
			orised for this L	OA applica	tion:		
Signature of I	Principal/	Vice			31	Date:	
Principal:							
*D	1-1-1		104	<u> </u>			
*Register Code to be used for this LOA:							