Application for Leave of Absence during Term Time

Durham County Council

A.	Pupil Details				
Name:				DoB:	
Address:					
Class / Form:					
Siblings name(s):			School(s)		

B.	Leave of Absence Request Details		
Start date of requested leave:		End date:	
Return to school date:		No. of days:	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider?			
Name of parent / carer / step parent (**FULL** name):			
Signature:		Date:	
Name of parent / carer / step parent (**FULL** name):			
Signature:		Date:	

C.	For School Use		
Previous LOA this academic year:			
Does the LOA request time coincide with test / examination periods:			
Is the LOA approved?:	**YES**		**NO**
If **YES** - Number of days to be authorised for this LOA application:			
Signature of Head Teacher / designated member of staff:		Date:	
*Register Code to be used for this LOA:			