

**Application for Leave of Absence during Term Time**

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Leave of Absence Request Details** | | | | | | | |
| Start date of requested leave: | | |  | End date: | | |  |
| Return to school date: | | |  | No. of days: | | |  |
| What are the exceptional circumstances 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: |  | |

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| **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: | |  | | | |