

**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: |  |