**NURSERY**

**CHILD’S LEAVE OF ABSENCE FROM SCHOOL DURING**

**TERM TIME**

Please complete this form and return it to the school at least 28 days before the date of absence school.

|  |  |  |
| --- | --- | --- |
| **Pupil Name** | **DOB** | **Class** |
| **Today’s Date** | **Home Address** | **Reason for absence** |
| **First day of absence** | **Date of return to school** | **Number of days req.** |

**Name of Parent/Carer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_