

Request for Leave of Absence

Applications/requests must be made directly to the Headteacher and will be considered in accordance with the Leave of Absence Policy.

Any requests for emergency medical/dental appointments must be accompanied by proof of appointment. Routine appointments should not be booked during the school day and may not be authorised.

Name of Child							
Class							
Date of Absence							
Time of Absence (if not all day)		From:	From: To:				
Reason for Absence	ce						
Are both adults who have parental responsibility aware of this requer (please circle)					Yes	No	
Name and Address	s of all adults	going on holid	day:				
Name (Adult 1):			Address:				
Name (Adult 2):			Address:				
Name							
Signature							
Date							



Office Use Only

Authorised	Yes	No	
Headteacher Signature			