**APPLICATION FOR PUPIL LEAVE OF ABSENCE DURING TERM TIME IN EXCEPTIONAL CIRCUMSTANCES**

Name of pupil(s):

Full Name of Parent/Carer(s)

School:

Home Address: Telephone No:

Siblings: (if different school) Schools attending:

I request permission for my child to be absent from school

From………………………………………….To……………..Total school days…………………..

**Exceptional circumstances for request:**

*(this section must be answered in full and against stated criteria)*

Signature of parent/carer……………………………………….Date………………………………..

**For school use only**

Seen by Head teacher (signature)…………………………………..Date……………………….

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Decision reached………………………………………………………………………………………

Date reply returned to parent (s)…………………………………………………………………….<![if !supportLists]><SPAN style="FONT-FAMILY: Symbol"><SPAN style="FONT: 7pt 'Times New Roman'"> </SPAN></SPAN><![endif]><SPAN style="FONT-FAMILY: Arial"></SPAN>

<![if !supportLists]><SPAN style="FONT-FAMILY: Symbol"><SPAN style="FONT: 7pt 'Times New Roman'">