

Great Whelnetham CEVCP School



Application for Leave of Absence during term time

Please note all applications MUST be made in advance.

Child's Name:	
Child's Class:	

I would like to apply for a leave of absence for my child from:(Date)

The reason(s) for this request are:

Please continue on a separate sheet if necessary.

I am/am not (please delete as applicable) attaching further evidence in support of this application.

Should this leave of absence be granted my child would return to school on: (Date)

Form continues overleaf

Details of Siblings:

If you have other children currently attending school please complete their details below.

Child's Name	Child's Age	Name of Child's School

I understand that:

- The Headteacher will consider this application based solely on the information provided on this form and on any further evidence that I have attached.
- I may be requested to provide further information to the school.
- I will be notified in writing whether this proposed absence would be recorded as authorised or unauthorised on my child's attendance record.

I confirm that I am the parent/carer of the child detailed above and that my child normally resides with me.

Signed:

Print Name:

Date: