

**Application for Leave of Absence during
Term Time**



Pupil Details

Name:	D.O.B:	Tutor:
Address:		

Leave of Absence Request Details

Start date of requested leave:		End date:	
Return to school date:		No of days:	
Name of parent/carer (print)			
Signature:			Date:
Name of parent/carer (print)			
Signature:			Date:

Leave of absence requests may be authorised if the circumstances are considered to be exceptional. To have your request considered as exceptional circumstances please complete and return this form together with a letter of explanation for your request marked for the attention of the Head Teacher.

For School Use

Current Attendance:	%	
Previous LOA this academic year:		
Does LOA request time coincide with SATS/other examination periods:		
Any mitigating / aggravating circumstances: (including any ongoing issues)		
Is the LOA approved?	YES	NO
If YES - Number of days authorised for this application		
Signature of Head Teacher:		Date:
Register Code to be used for this LOA:		