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| ***Parents/Carers - Please return this request form to the Admin Office***  |  |
| **PUPIL LEAVE OF ABSENCE - IN EXCEPTIONAL CIRCUMSTANCES****Request form** |
| **NAME OF CHILD** |  |  |
| **DATES REQUESTED – *FROM***  **(Insert first date of absence):**  |  |
| **DATES REQUESTED – *TO*** **(Insert last date of absence):**  |  |
| **TOTAL NUMBER OF SCHOOL DAYS:**  |  |
| **I request leave of absence for the above-named child due to the following exceptional circumstance(s): -**  |  |
| **If holiday request, please state destination:**  |  |
| **Accompanying adults & their relationship to child:**  |  |
| **To counteract any missed teaching and learning, my child will: -**  |  |
| **Is there anything else that you feel would enhance the above? -**  |  |
| **Signed (Parent/carer):**  |  |
| **I/we understand if we do not provide sufficient information the school can decline this request**  | Signed (Parent/carer):    |