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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): | | | |