

**APPLICATION BY PARENT/CARER FOR CHILD’S LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME**

Pupil’s Name …………………………………… Year Group……………. Class …………

Home Address …………………………………………………………………….

………………………………………………………………………………………

I wish to apply for my child to be absent from school during the following dates:

Date of Last day at School ………….. Date of Return to School …………..

Total number of school days missed …….

Reasons for absence from school:

…………………………………………………………………………………………..…………………………………………………………………………………………..…………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………..

*I make application for my child named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons for irregular school attendance.*

Name of Parent/Carer making application ………………………………………..

Signed ………………………………………………

Date ………………

**PLEASE RETURN COMPLETED APPLICATION FORM TO YOUR CHILD’S SCHOOL GIVING AT LEAST 4 WEEKS’ NOTICE OF INTENDED ABSENCE**