**SHILBOTTLE PRIMARY**

APPLICATION FOR LEAVE OF ABSENCE FOR

A CHILD FROM SCHOOL

This form is to be completed by the parent of guardian and forwarded to the Head Teacher **at least two weeks prior to the requested absence**. (Note each child requires a separate form to be completed). Late applications will automatically be deemed as unauthorised.

I, the undersigned, being the parent or guardian of:

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Group \_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request that he/she be granted leave of absence from school:

First day of absence (day and date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Returning to school on (day and date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of full days absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you consider the reason for absence to be due to exceptional circumstances please state your reasons below. *Note absences will only be considered as exceptional if they are supported by documentary evidence. Failure to supply evidence at the time of application will result in the absence being unauthorised.*

Date of request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

Parent/guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**……………………………………………………………………………………………………**

***FOR OFFICE USE ONLY***

Date request received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised/Unauthorised

Headteacher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_