**SHILBOTTLE PRIMARY**

APPLICATION FOR LEAVE OF ABSENCE OF 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).

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Returning to school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

Date of request \_\_\_\_\_\_\_\_\_\_  Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**…………………………………………………………………………………………………..**

**FOR OFFICE USE ONLY**

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

Letter to be issued:  1   2   3   4

Attendance % at time of request \_\_\_\_\_\_\_\_