Application for Leave of Absence during Term Time



Α.	Pupil Details
Name:	DoB:
Address:	
Class / Form:	

B. Leave of Absence Request Details							
Start date of requested leave:		End date:					
Return to school date:		No. of days:					
What are the exceptional circumstances for your leave of absence request that you wish the school to consider?							
Name of parent / carer (print):							
Signature:		Date:					
Name of parent / carer (print):							
Signature:		Date:					

C. For School Use						
Current attendance %:						
Previous LOA this academic year:						
Does the LOA request time coincide with						
SATS / other examination periods:						
Any mitigating / aggravating circumstances						
(Including any ongoing medical issues):						
Child's current / potential level of attainment?						
Is the LOA approved?:	YES		NO			
If YES - Number of days to be authorised for the	his LOA application:					
Signature of Head Teacher:		Date:				
*Register Code to be used for this LOA:						