



APPLICATION FORM FOR CHILD'S LEAVE OF ABSENCE DURING TERM TIME

Child/children's name(s) and tutorial(s)	
Home Address	
Postcode:	
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	
Reason for absence from school:	
<p>I make application for my child/children named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed, then any absences will be treated as unauthorised and may lead to the issue of a Penalty Notice or a summons for irregular school attendance.</p>	
Name of Parent/Carer making application:	
Signed	
Date	

Head of Year to complete:	
Current attendance %	
Current achievement levels	
Signed:	(Head of Year)

**PLEASE RETURN COMPLETED APPLICATION FORM TO SCHOOL RECEPTION.
 YOU MUST GIVE AT LEAST 4 WEEK'S NOTICE OF INTENDED ABSENCE.**