

Signature:

Application for leave of absence

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Name of Pupil	Date of Birth	Year Group	Address
Parent(s) full name and relationship		e of Birth	Address
to child			
Request for Leave of Absence			
Date of first day of leave			
Date of last day of leave			
Expected date to return to school			
Name of adult accompanying pupil(s)			
and relationship to pupil			
Reason for the request			
Cianatura			
Signature:-			
Has a leave of absence been taken before?			Yes (Please Tick)
Reason for previous leave of absence No			No
Unauthorised Authorised			

Print Name:

Date: