

KILLAMARSH INFANT AND NURSERY SCHOOL

APPLICATION FOR CHILD'S LEAVE OF ABSENCE

Name of pupil :

Class :

Date of Request :

Address :
.....
.....

Leave of absence requested from date : to date :
My child will return to school on day/date :
No of Days : []

Reason for term time Leave of Absence request : HOLIDAY/SPECIAL CIRCUMSTANCES/OTHER REASONS
.....(please specify)
If special circumstances apply—please attach covering letter.

Name of Parent/Carer : Signature :

Leave of Absence from School

Requests must be in writing two weeks prior to wanting leave of absence.

FOR SCHOOL USE ONLY

Name of Child : Class :

School notes your request for your child's leave of absence from :

..... to

No. of Days : Authorised Unauthorised

Signed : (Headteacher) Date :

Attendance history for this academic year : 2013/2014 (Attendance up to : Date))

Possible attendance : Actual attendance : % to date