

**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:	
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.	
Name of Parent/Carer making application:	
Signed:	
Date:	

Head Teacher to complete:	
Current attendance %	
Signed:	
Head Teacher	

PLEASE RETURN COMPLETED APPLICATION FORM TO SCHOOL RECEPTION.  
 YOU MUST GIVE AT LEAST 4 WEEKS NOTICE OF INTENDED ABSENCE.