



**APPLICATION BY PARENT/CARER FOR CHILD'S
LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME**

Pupil's Name Tutor Group/Class

Family Home Address

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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

Total number of school days missed

Reasons for absence from school:

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I make application for my child named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons for irregular school attendance.

I have informed my child' social worker of my request and provided them with the address of our holiday destination (please circle) Yes / No

Name of Parent/Carer making application

Signed

Date