

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

Pupil's Name ..... Class .....

Home Address .....

.....

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.*

Name of Parent/Carer making application .....

Signed .....

Date .....

Agreed by Headteacher

Signed .....

Date .....

**PLEASE RETURN COMPLETED APPLICATION FORM TO YOUR CHILD'S SCHOOL  
GIVING AT LEAST 4 WEEKS' NOTICE OF INTENDED ABSENCE**