Application for Leave of Absence during Term Time



Name:		DoB:	
Address:			
Class / Form:			
•			
B. Leave	of Absence Rec	uest Details	
Start date of requested leave:		End date:	
Return to school date:		No. of days:	
What are the exceptional circu	<u>ımstances</u> for yo	ur leave of abse	ence request that
you wish the school to conside			
,			
			W.
Name of parent / carer (print):			
Signature:		Date:	
Name of parent / carer (print):			
Signature:		Date:	
C For Coheal Has			
C.	For School Us	se	
Current attendance %:			
Previous LOA this academic year			
Does the LOA request time coin			
SATS / other examination period			
Any mitigating / aggravating circ	umstances		
(Including any ongoing medical i	ssues):		
Child's current / potential level of	f		
attainment?	,		
Is the LOA approved?:		YES	NO
If YES - Number of days to be a	uthorised for this L	OA application:	
Signature of Head Teacher:			Date:
			,

*Register Code to be used for this LOA:

^{*} Full list of absence codes overleaf