Application by parent/s for a child's leave of absence from school

Please make sure that all boxes are completed fully

Child Name		Class	

Name of parent/s	
Address	

I / We wish to apply for our child to be absent from school for **exceptional circumstances**.

Dates requested leave from and to	
Total number of days requested	

Please supply in as much detail as possible the reason for your request and why you feel it is **exceptional circumstances** in the box below:

Signed (both parents if applicable)

………………………………………………………………………….. …………………………………………………………………..

Date:……………………………………………………………………

THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE