

**APPLICATION FOR STUDENT LEAVE OF ABSENCE  
IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME**

Name of student	Form Group
Address:	Telephone number

I request permission for my child to be absent from school

From:	To:	Total school days:
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Exceptional circumstances for request:

Signature of Parent/Carer.....Date.....

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**For school use only:**

Seen by Headteacher.....(signature) Date.....

Request granted:

Request refused:

Decision reached: .....

Date reply returned: .....