

**Application by Parent / Carer for Child's Leave of Absence from school
during term time**

Pupil's Name Class

Home Address

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I wish to apply for my child/ren 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(ren), 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 Fixed Penalty Notice.

Name of parent/carer making the application

Signed

Date