



APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME

Child's name

Year group

First date of absence date

Last day of absence date

Number of days requested

Please provide reason below. Please note that we can only authorise leave of absence if the reason given is deemed to be of 'exceptional circumstance'. Please use additional sheet if necessary:

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Signed

Print name

Relationship to child

Date

Head Teacher: - Kerry Malcolm

St. Lawrence Church of England Primary School, Rectory Road, Rowhedge, Essex, CO5 7HR