

Appendix A

Somerles Junior School
Request for leave of absence from school during term time

This should be completed before booking any travel arrangements

To be completed by the Parent/Guardian

Pupil's Name _____ Class _____

Address _____

Ethnicity _____ Date of birth _____

Date of absence request From _____ To _____

Reason for application _____

First name _____

First name _____

Surname _____

Surname _____

Address _____

Address _____

Contact Number _____

Contact Number _____

Date of application _____

Date of application _____

I have read the schools leave of absence policy document

Parent/Guardian signature _____ Date _____

Name _____

For schools use only

Current attendance (must be at least 97%) _____ No of term days requested _____

If the child has had previous term time leave, please state dates and number of days taken

Leave agreed/Not agreed Date of letter confirming the decision posted to parent _____

Reasons _____

If leave is to be authorised, the following must be completed

Travelling abroad? Yes/No Country _____ Return date: _____

Proof of return date (*tickets/e mail etc*) _____

SIGNED: **Head Teacher** **DATE:**