

LEAVE OF ABSENCE REQUEST FORM –
(APPLICATION BY PARENT/S FOR A CHILD’S LEAVE OF
ABSENCE FROM SCHOOL FOR EXCEPTIONAL
CIRCUMSTANCES)



To the Headteacher,

I / We wish to apply for our child to be absent from school for
EXCEPTIONALCIRCUMSTANCES.

Name of Child..... Year Group

Name of both parents Mr/Mrs/Ms/Miss.....

Address

.....

Dates: From..... 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:

.....

Signed (both parents if applicable)

Date

.....

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