Term Time - Leave of Absence Application

Pupil Details			
Name:		DoB:	
Address & Postcode:		Class/ Form	

Applicant details			
Full Name:		DoB:	
Address & Postcode:		Contact Number:	
		Relationship to pupil:	

Other parent details			
Full Name:		DoB:	
Address & Postcode:		Contact Number:	
		Relationship to pupil:	

Siblings			
Name:		School:	
Name:		School:	

Leave of Absence Request Details			
Start date of requested leave:		End date:	
Return to school date:		No. of days:	
What are the exceptional circumstances for your leave of absence request that you wish the Headteacher to consider?			
Name of persons accompanying the child?			
Name of parent / carer (print):			
Signature:		Date:	
Name of parent / carer (print):			
Signature:		Date:	

ADVANCE LEARNING PARTNERSHIP

For School Use			
Current attendance % :			
Previous LOA? :			
Does the LOA request time coincide with SATS / other examination periods :			
Any mitigating / aggravating circumstances (Including any ongoing medical issues):			
Child's current / potential level of attainment?			
Is the LOA approved?:	**YES**	**NO**	
If **YES** - Number of days to be authorised for this LOA application:			
Signature of Head Teacher:		Date:	
***Register Code to be used for this LOA:**			