

**APPLICATION FOR PUPIL LEAVE OF ABSENCE IN TERM TIME**

Name of pupils(s): ………………………………………………………………………………….

Class(es): ……………………………………………………………………………………………

Address: …………………………………………… Telephone No: …………………………...

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I wish to inform you that my child/children will be absent from school for a holiday in term time.

From: ……………………. To …………………. Inclusive. Total school days ………..

***I understand that school is not able to authorise this request but I have chosen to take this holiday and I acknowledge that this will be unauthorised leave.***

Signature of parent/carer: …………………………………….. Date: …………………………



**APPLICATION FOR PUPIL LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME**

Name of pupils(s): ………………………………………………………………………………….

Class(es): ……………………………………………………………………………………………

Address: …………………………………………… Telephone No: …………………………...

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From: ……………………. To …………………. Inclusive. Total school days ………..

**Exceptional circumstances for request**:

(this section must be answered in full and against stated criteria)

Signature of parent/carer: ………………………………………… Date: ……………………..