Application for Leave of Absence during Term Time



A. Pupil D	etails
Name:	DoB:
Address:	
Class / Form:	
	Commence of the Commence of th
B. Leave of Absence	The state of the s
Start date of requested leave:	End date:
Return to school date:	No. of days:
What are the exceptional circumstances for	or your leave of absence request that
you wish the school to consider?	
Name of parent / carer (print):	
Signature:	Date:
Name of parent / carer (print):	
Signature:	Date:
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C. For School	ol Use
Current attendance %:	
Previous LOA this academic year:	
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	
Ciliu 3 Currerii 7 poteritiai level Oi	
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attainment?	VES NO
attainment? Is the LOA approved?:	YES NO
attainment? Is the LOA approved?: If YES - Number of days to be authorised for t	his LOA application:
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attainment? Is the LOA approved?: If YES - Number of days to be authorised for t	his LOA application:
attainment? Is the LOA approved?: If YES - Number of days to be authorised for t	his LOA application:

^{*} Full list of absence codes overleaf