



## Pupil Leave of Absence Request Form

***Section 1 to be completed by the Parent/Carer and returned to Mrs Vallender, Assistant Headteacher***

Pupil Name: \_\_\_\_\_

Form Group: \_\_\_\_\_

I am requesting the following day(s) as a leave of absence for my child:

First Day/Date: \_\_\_\_\_ Last Day/Date: \_\_\_\_\_

Total Number of Requested Days: \_\_\_\_\_

The reason for this request is due to: \_\_\_\_\_

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***(Please supply any additional evidence to support your request)***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please stipulate your relationship to the child: \_\_\_\_\_

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***Section 2 to be completed by Mrs Vallender Assistant Headteacher***

Parent/Carer name: \_\_\_\_\_

Your request for the following leave of absence has been approved/not approved:-

First Day/Date: \_\_\_\_\_ Last Day/Date: \_\_\_\_\_

Total Number of Requested Days: \_\_\_\_\_

If not approved the reason why:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Assistant Headteacher