



DEAN TRUST Rose Bridge

Pupil Leave of Absence Request Form

Section 1 to be completed by the Parent/Carer and returned to Mrs Cundle, Deputy 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:

(Please supply any additional evidence to support your request)

Signed: Date:

Please stipulate your relationship to the child:

*Section 2 to be completed by Mrs Cundle, Deputy 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:

Deputy Headteacher