

I Parent/Guardian of
(name of child) hereby make an application for
leave of absence from school during school term on behalf of said
child from to

Form to be completed and returned to Headteacher at least two weeks before
proposed holiday, or as soon after as possible.

PARENT SIGNATURE **DATE**

ADDRESS

SCHOOL

Note: Leave of absence will only be recognised if certified approval is given by the
Headteacher or Deputy, on behalf of the School Governors.

LEAVE OF ABSENCE FROM SCHOOL DURING SCHOOL TERM

Dear Parent/Guardian

I refer to your application for leave of absence of your child
during school term, namely from to
and approve this application.

SIGNED: **HEADTEACHER**

..... **SCHOOL**

..... **DATE**

