



SLP

APPLICATION FOR LEAVE OF ABSENCE DURING TERM-TIME

Pupil Details

Name:		Date of Birth:	
Address:			
Class/Year Group:			

Leave of Absence Request Details

Start date of requested leave		End date of requested leave	
Return to school date		Number of days	
What are the exceptional circumstances for your leave of absence request that you wish the school to consider? Please detail below:			
Name of parent/carer (PRINT):			
Signature:		Date:	
Name of parent/carer (PRINT):			
Signature:		Date:	

For School Use

Current Attendance Percentage:	
Previous LOA this academic year:	
Does the LOA request period coincide with SATs/other exam times:	
Any mitigating/aggravating circumstances (including on-going medical issues):	
Child's current/potential level of attainment:	
Is the LOA approved? (Yes/NO):	
If YES, number of days to be authorised for this LOA application:	
Signature of Headteacher:	Date:
Register Code to be used for this LOA:	

