

Leave Of Absence Form During Term Time

Child/Young Person Details

Full Name:.....

Date Of Birth:.....

School Name:.....

Parent/Carers Details – (Both MUST Be Completed)

(1) Full Name: D.O.B:.....

Relationship To Child:.....

Address:.....

Postcode:

(2) Full Name: D.O.B:.....

Relationship To Child:.....

Address:

Postcode:

About The Request For Your Child/Young Person's Absence From School

Please state the reason for taking your child/young person out of school:

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Length Of Absence: (School Days)

From: (Date) To: (Date)

Parent/Guardians Signature: Date:.....

