



## REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME

This form must be submitted at least 10 school days before the proposed absence. Approval is not guaranteed.

### Section 1: Pupil Details

<b>Pupil's Full Name</b>	
<b>Year Group / Class</b>	
<b>Date of Birth</b>	

### Section 2: Parent / Carer Details

<b>Parent/Carer Full Name</b>	
<b>Relationship to Pupil</b>	
<b>Contact Telephone</b>	
<b>Contact Email Address</b>	
<b>Address During Absence</b> (if different from home)	

### Section 3: Proposed Absence Dates

<b>First Day of Absence</b>	
<b>Expected Return Date</b>	
<b>Total Number of School Days</b>	
<b>Nature of Absence</b> (e.g. family bereavement, medical, pilgrimage)	

### Section 4: Reason for Request

*Please explain fully why this absence is of an exceptional nature and why it cannot take place outside of term time:*



## Section 5: Declaration

### Parent/Carer Declaration

By signing below, I confirm that:

1. The information provided above is accurate and complete.
2. I understand that this is a request only and approval is at the Headteacher's discretion.
3. I understand that unauthorised absence will be recorded as such on my child's attendance record and may affect the school's decision on future requests..
4. I will ensure my child returns to school by the agreed date or contact the school immediately if circumstances change.
5. Failure to return without notification may result in my child being removed from the school register under the School Attendance (Pupil Registration) (England) Regulations 2024.

**Parent/Carer Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

## School Decision

### FOR SCHOOL USE ONLY

**Decision:**

Authorised     Unauthorised

**Days Authorised:**

**Date of Decision:**

**Reason if Refused / Additional Notes:**

**Headteacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_