LANCHESTER E.P. PRIMARY SCHOOL

Application for Leave of Absence during Term Time

PUPIL DETAILS				
Name:		Date of Birth:		
Address:				
Year Group:				

LEAVE OF ABSENCE REQUEST DETAILS				
Start date of requested leave:		End date:		
Return to school date:		No. of days:		

What are the **exceptional circumstances** for your leave of absence request that you wish the school to consider?

Name of parent/carer (print):	
Signature:	Date:

For School Use		
Current attendance %:		
Previous LOA request this academic year:		
Any mitigating circumstances:		
Child's current progress on target?		
Is the LOA approved?	YES	NO
If LOA is not approved, reasons why:		
If YES – number of days to be authorised for this LOA application:	*Register Code be to used for this LOA:	
Signature of Headteacher:	Date:	