

REQUEST FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

To be completed at least one month before the proposed leave of absence.

Name of Student:	Class:
Purpose of Absence:	
Reason for absence during term time:	
Proposed start date of absence:	Date of return to School:
Reason why it is not possible to take holiday other than in term time:	
Are there siblings at another West Berkshire School? YES/NO If so, which school is it?	

Signed: _____ (Parent/Guardian)

Date: _____

School to complete:

Number of days absence requested:	
Percentage attendance:	
Has holiday during term time been requested previously and if so, when and how many days:	
Holiday leave is:	APPROVED/NOT APPROVED
Reason:	
Date Parent/Guardian Informed of decision:	

Signed _____ (Headteacher)

Date _____