

**APPLICATION BY PARENT/S FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL
FOR EXCEPTIONAL CIRCUMSTANCES**

To the Headteacher

Name of Child..... Year Group

Name of both parents Mr

 Mrs/Ms/Miss

Address

.....
.....
.....

**I/We wish to apply for my/our child to be absent from school for EXCEPTIONAL
CIRCUMSTANCES.**

From

To inclusive.

Total number of school days requested

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances:

Signed (both parents if applicable)

.....
.....

Date

**THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS
BEFORE THE DATE OF REQUESTED LEAVE.**