

CARVILLE PRIMARY SCHOOL

REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME

Name of pupil	
Date of birth	
Tutor/year group	
Address	
Contact Numbers	

I request permission for my child to be absent from school between: -	
First Day of Absence	
Date of Return	
Total School Days	
Please fully explain the exceptional circumstances that you would like the Head teacher to consider (continue a separate sheet if necessary).	

Declaration (*Please read the notes on the back of this form*)

I have read and understood the information about leave of absence during term time, unauthorised absence, and Penalty Notices. I am aware of the possible consequences should my child take a leave of absence without the prior authorisation of the Head teacher.

Signature.....
(Parent/Carer)

Date.....