



Pupil Leave of Absence Notification Form

***Section 1 to be completed by the Parent/Carer and returned to
Miss E Pope, Assistant Headteacher***

Pupil Name: _____

Form Group: _____

I am requesting the following day(s) as a leave of absence for my child:

First Day/Date: _____ Last Day/Date: _____

Total Number of Requested Days: _____

The reason for this request is due to: _____

(Please supply any additional evidence to support your request)

Signed: _____ Date: _____

Please stipulate your relationship to the child: _____

***Section 2 to be completed by Miss Pope
Assistant Headteacher***

Parent/Carer name: _____

Your request for the following leave of absence has been approved/not approved:-

First Day/Date: _____ Last Day/Date: _____

Total Number of Requested Days: _____

If not approved the reason why:

Signed: _____ Assistant Headteacher