



Application for Pupil Leave of Absence from School in Term Time (Non-Medical)

*Please complete this form and return it to school at least 14 days
before the start of your child's absence from school.*

Pupil 1	Name:	Date of Birth:	Class:
Pupil 2	Name:	Date of Birth:	Class:
Pupil 3	Name:	Date of Birth:	Class:
Home Address:			
First day of Absence:		Date back in school:	
Total number of school days requested			
Reason for Absence:			
Parent/Carer 1	Name (Please Print):	Date of Birth:	Signed:
Landline		Mobile	
Parent/Carer 2	Name (Please Print):	Date of Birth:	Signed:
Landline		Mobile	
For Office Use Only			
Pupil 1	CSA on:		PN Yes/No
Pupil 2	CSA on:		PN Yes/No
Pupil 3	CSA on:		PN Yes/No
Exceptional Circumstances?	Number of Sessions?	PAT Letter	Sent
Yes/No		Date	