ASHBOURNE HILLTOP PRIMARY AND NURSERY SCHOOL

LEAVE OF ABSENCE REQUEST FORM

PLEASE NOTE: The Education (Pupil Registration) (England) (Amendment) regulations 2013 state that Head Teachers should not grant approval for any leave of absence during term time. Please see the attendance policy on our website for more information.

Name of Child(ren) ……. Year Group …….

……. Year Group …….

……. Year Group …….

Child's Address …….

Name of applicant/s 1. ……Phone number …….

2. ……Phone number …….

Address of applicant/s if different to child ……

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

Dates: From…….. To……

Total number of days requested …… Names of Siblings at QEGS or other…….

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

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Continue over the page if necessary.

Signed (both applicants if applicable) Date ……

1. …… 2. …….

THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 15 WORKING DAYS BEFORE THE DATE OF REQUESTED LEAVE. Date received by the School office : ……..