



Elvington CE Primary School
 Dauby Lane
 Elvington
 YO41 4HP

Telephone 01904 555280

LEAVE OF ABSENCE REQUEST - PARENT/CARER TO COMPLETE

Full name of child(ren)	Class

Address:

First day of absence: _____ Last day: _____ Total number of days: _____
 Exceptional Reasons for application: (If you would prefer a face to face meeting with the Headteacher to explain your exceptional reason, please request it here.)

Has leave of absence been taken in term time before?
 Are you requesting leave of absence for any siblings at another school? If so please provide details.

Signature of Parent(s)/Carer(s): _____ Date: _____

Applications can only be made by parents/carers.

ABSENCE REQUEST - SCHOOL RESPONSE

ADMIN CHECK:

Attendance Record Significant events: _____

Number of days previously requested: _____ Class trips: _____

HEADTEACHER DECISION:

Authorised Unauthorised (Comment) _____

Signature of Headteacher: _____ Date: _____