



Application for Leave of Absence during Term Time

PARENTS AND CARERS TO COMPLETE SECTIONS A AND B. PLEASE RETURN TO THE SCHOOL OFFICE VIA THE PREFERRED METHOD OF EMAIL. SCHOOL WILL CONTACT YOU TO DISCUSS THE APPLICATION.

Section A. Pupil Details	
Child's Name	
Date of Birth	
Address	
Class	
School	Cockton Hill Junior School

Section B. Leave of Absence Request Details	
Date of the 1 st day of absence from school	
Date of the day of return to school	
No. of days you child will be absent from school	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider?	
Name of Mother (print FULL name)	
Address of Mother	
DOB of Mother	
Signature of Mother:	
Date signed by Mother	
Name of Father (print FULL name)	
Address of Father	
DOB of Father	
Signature of Father	
Date signed by Father	

C. For School Use Only		
Current attendance %		
Previous LOA this academic year		
Does the LOA request time coincide with SATS / other examination periods		
Any mitigating / aggravating circumstances (Including any ongoing medical issues)		
Is the LOA approved?	YES	NO
If YES - Number of days to be authorised for this LOA application		
Signature of Head Teacher /Deputy Head Teacher :		Date:
Register Code to be used for this LOA:		
Signed Parent/carer		
Signed Parent/carer		