

BUSHMEAD PRIMARY SCHOOL

Request for leave of absence from school during term time
This should be completed before booking any travel arrangements

To be completed by the Parent / Guardian

Pupil's Name _____

Date of birth _____ Registration Group _____

Date of absence requested: From ____ / ____ / ____ To ____ / ____ / ____

Reason for application (needs to be exceptional circumstances)

Address at which child will be resident during period of absence:

1st Parent / Guardian details 2nd Parent / Guardian details

First name _____ First name _____

Surname _____ Surname _____

Address _____ Address _____

Contact number _____ Contact number _____

I have read the schools leave of absence policy document

Parent / Guardian signature _____

Date of application ____ / ____ / ____ Name _____

For schools use only

Current attendance (must be at least 97%) _____ No. of term days requested _____

If the child has had previous term time leave, please state dates and number of days taken

Leave agreed / Not agreed Date of letter confirming the decision posted to parent _____

Reasons _____

If leave is to be authorised, the following must be completed

Travelling abroad? Yes / No Country _____ Return date: ____ / ____ / ____

Proof of return date (*tickets/e mail etc.*) _____