



PUTTERIDGE 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 _____ Class _____

Address _____

Ethnicity _____ Date of birth _____

Date of absence From ____ / ____ /202____ To ____ / ____ /202____ No. of school days _____

Reason for application _____

If leave is to be authorised, the following must be completed and proof attached – tickets, booking confirmation etc, Leave will not be considered if this is not provided.

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

1st Parent/Guardian details

First name _____

Surname _____

Address _____

Telephone _____

2nd Parent/Guardian details

First name _____

Surname _____

Address _____

Telephone _____

I have read the schools leave of absence policy document

Parent/Guardian signature _____ Date _____

Name _____

For schools use only

Current attendance _____ No of term days requested _____

Previous term time leave, dates and number of days taken _____

Agreed/Not agreed* Date of letter/email confirming the decision sent to parent _____

Reasons _____