

A. Name:

Address:

Application for Leave of Absence during



OUSTON PRIMARY SCHOOL – LEAVE OF ABSENCE REQUEST FORM

Pupil Details

DoB:

Class / Form:					
B. Leave of Absence Request Details					
Start date of reques	ted leave:		Er	nd date:	
Return to school da	te:		No	o. of days:	
What are the exceptional circumstances for your leave of absence request that					
you wish the school to consider?					
Name of parent / ca	rer (print FULL				
name):					
Signature:				Date:	
Name of parent / ca	rer (print FULL				
Name):					_
Signature:				Date:	
C. For School Use					
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):					
Child's current / potential level of					
attainment?					
Is the LOA approved?:			YES		NO
If YES - Number of days to be authorised for this LOA application:					
Signature of Head Teacher: Date:					
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^{*} Full list of absence codes overleaf

^{*} Leave of Absence Frequently Asked Questions overleaf