

**Application for Leave of Absence during**

**Term Time**

**OUSTON PRIMARY SCHOOL – LEAVE OF ABSENCE REQUEST FORM**

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| **A. Pupil Details** | | | |
| Name: |  | DoB: |  |
| Address: |  | | |
| Class / Form: |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Leave of Absence Request Details** | | | | | | | |
| Start date of requested leave: | |  | | End date: | | |  |
| Return to school date: | |  | | No. of days: | | |  |
| What are the exceptional circumstances for your leave of absence request that you wish the school to consider? | | | | | | | |
| Name of parent / carer (print **FULL** name): | | |  | | | | |
| Signature: |  | | | | Date: |  | |
| Name of parent / carer (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: | |  |
|  | |  | | | |

**\* Full list of absence codes overleaf**

**\* Leave of Absence Frequently Asked Questions overleaf**