



Application for Exceptional Pupils Leave of Absence

Office Use
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Name of Pupil:..... Class:

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I wish to apply for leave of absence for my child(ren) from:

First day of Absence: Date expected back at school:

Total number of days your child(ren) will be absent from school:.....

Please outline the **exceptional** nature of your request:

Best time to discuss this application with senior member of staff:

Signed:..... Parent/Guardian

This form must be forwarded to the Head teacher before the requested period of absence.

Leave of absence without authorisation will be referred to the Inclusion and Attendance team at Lincolnshire County Council

OFFICE USE ONLY:

Leave of absence is exceptional and has been granted:

Leave has not been granted:

Reason that makes this request exceptional is:

Signature of Head teacher:

Date: