

**APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME**

<b>Pupil Name</b>		<b>Date Of Birth</b>		<b>Form Group</b>	
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<b>Home Address and Post Code</b>	
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<b>First Date of Absence</b>		<b>Date Of Return</b>		<b>No Of School Days Absent</b>	
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**THIS SECTION MUST BE COMPLETED**

**Exceptional reason for absence (please use separate sheet if necessary)**

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Name Of Parent/Guardian (who child resides with)	
Mobile Telephone Number	
Email Address	
Signature Of Parent/Guardian	
Date Completed	

**FOR ATTENDANCE OFFICER USE**

Date Received			
Authorised	<b><u>YES/NO</u></b>		
Decision Letter Sent		<b><u>FPN Referral</u></b>	
Principal Signature			