

## REQUEST FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

*To be completed at least one month before the proposed leave of absence.*

Name of Student:	Class:
Purpose of Absence:	
Reason for absence during term time:	
Proposed start date of absence:	Date of return to School:
Reason why it is not possible to take holiday other than in term time:	
Are there siblings at another West Berkshire School?    YES/NO	
If so, which school is it?	

Signed: \_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_

**School to complete:**

Number of days absence requested:	
Percentage attendance:	
Has holiday during term time been requested previously and if so, when and how many days:	
Holiday leave is:	APPROVED/NOT APPROVED
Reason:	
Date Parent/Guardian Informed of decision:	

Signed \_\_\_\_\_ (Headteacher)

Date \_\_\_\_\_