



St Andrew's Exceptional Leave of Absence Request Form

Child's name: Class/Year:

Name of Parent/Carer making request:

Dates requested:

How many school days? Return to school date:

Detailed reason for requested absence (please attach evidence):

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Parent/Carer Signature: Date:

Please return completed form to the school office as soon as possible, **prior to the requested absence.**

OFFICE USE ONLY

Child's name: Class/Year Group:

Frequency of request:	1st	2nd	3rd
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Number of school days requested:

Current attendance: Current attainment:

Headteacher's Signature:

Date reply sent back to parent/carers: