



Parent/Guardian 1 Full Name: Relationship to child:

Address (if different to above):
.....

Signed: Date:

Parent/Guardian 2 Full Name: Relationship to child.....

Address: (if different to above):
.....

Signed: Date:

(Applicant(s) must be the parent/carer(s) the child normally resides with)

If you have other children in the family of school age, please give details (Use additional sheet if necessary)

Name	D.O.B	School Attended
Name	D.O.B	School Attended
Name	D.O.B	School Attended

Decision re: Application for Leave of Absence During Term Time (For office use only)

Attendance %:..... Authorised? Y / N Fine: Y / N

Coding (please circle appropriate code):

- B – Educated Off Site
- C – Leave of Absence authorised by school
- Y – Exceptional Circumstances
- D – Dual Registration
- H – Authorised Family Holiday
- J – Interview
- M – Medical/Dental Appointment
- P – Approved Sporting Activity
- R – Religious Observance
- S – Study Leave
- T – Gypsy, Roma and Traveller Absence
- V – Educational Visits
- W – Work Experience
- G – Unauthorised Family Holiday
- O – Unauthorised Absence

Other (please specify) –

Signed: Date: