

# Leave of Absence from School



**To be completed by Parent/Carer/Guardian  
(one form to be completed for each child)**

Name of Pupil:		Date of Birth:	
School:	King Richard School	Year/Tutor Group:	

**Your request will be considered by the Headteacher. Please note all requests will be judged on an individual basis but any leave of absence can only be approved in exceptional circumstances.**

Date(s) for requested leave of absence:	From:	To:
Number of days requested:		

Please give brief reasons for your request for the leave of absence.

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Is there any other parent living at this address? Yes\* / No \*If Yes, Name: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address of any **non-resident** parent: \_\_\_\_\_

**To be completed by the School**

Your request for leave of absence **has / has not\*** been approved for the following reason(s):  
**Please see attached letter\*** (delete as appropriate)

Date received by school:		Date refusal letter sent:	
Headteacher's signature:		Date:	

The code placed in the register will be: (please circle relevant code)	C	G	H	O	P	R
	Performance (licence required/ Exceptional circumstances)	Unauthorised Leave of absence	Authorised Leave of absence	Unauthorised (other reason)	Approved sporting activity	Religious observance