



# CHESTNUT LANE SCHOOL

## Application for LEAVE OF ABSENCE

This form is to be completed by the parent or guardian and forwarded to the school office not less than ONE MONTH prior to the period of absence required.

I request that ..... (name) Class: .....

be granted leave of absence from *Chestnut Lane School*

From ..... to ..... (inclusive dates)

**PLEASE NOTE: Parents are expected to take family holidays during school holidays.** All absences are considered by the Governing Body and the Headteacher who will only authorise term time absences in exceptional circumstances. Please provide details of why it is necessary for you to take your child out of school during term time.

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Has your child had **ANY** absences from school during the current school year?

Yes:..... No: ..... If yes, please state the number of days: .....

Signature of Parent/Guardian: ..... Date: .....

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Governing Body/Headteacher:    Authorised                       Not Authorised

Attendance Code:

% Attendance this academic year.....

Authorised number of sessions/days.....

Unauthorised number of sessions/days.....