**PARKSIDE MIDDLE SCHOOL/MEADOWS FIRST SCHOOL**

**APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME**

**FATHER’S/CARERS DETAILS:**

NAME:………………………….DOB…………….

ADDRESS…………………………………………

………………………………………………………

…………………………POST CODE…………..

TELEPHONE NO:…………………………….....

SIGNED………………………DATE…………….

**PLEASE NOTE THAT REQUESTS FOR LEAVE OF ABSENCE DURING TERM TIME WILL ONLY BE AUTHORISED UNDER EXCEPTIONAL CIRCUMSTANCES. THIS DOES NOT INCLUDE FAMILY HOLIDAYS.**

***For completion by school***

Leave of absence authorised/not authorised

Signed …………………………………………Mr N Mills/Mrs S Hewitt Headteacher

Date ……………………………………………

**MOTHER’S/CARERS DETAILS:**

NAME:………………………….DOB………….

ADDRESS………………………………………

……………………………………………………

………………………POST CODE……………

TELEPHONE NO:……………………………...

SIGNED………………………DATE…………..

PLEASE GIVE THE REASON WHY YOUR CHILD WILL BE ABSENT FROM SCHOOL

……………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………..

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DATES FOR WHICH LEAVE OF ABSENCE IS REQUESTED:-

FROM ………………………………………………………….. (first day of absence)

TO ……………………………………………………………….. (final day of absence)

NUMBER OF SCHOOL DAYS ………………………………….

CHILD’S FULL NAME…………………………….….DOB.………..……… CLASS ……..

ADDRESS………………………………………………………………………………………

…………………………………………………………………POST CODE…………………

………………………………………………………………………………………………………………………………………………….