



**APPLICATION FOR PARENTS/CARERS
FOR LEAVE OF ABSENCE DURING TERM TIME**

Surname of child		First name of child	
Date of birth		Class	
Full name of parents/carers		Does the above child reside with you full-time? Yes/No	
Email address of parents/carers		Home address of child	
Telephone number (s)		Does your child have any siblings for whom you are requesting absence in term time from any other schools?	Yes/No <i>If yes, please give child's name and name of his/her school</i>

My request for absence in term time is exceptional because

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Please return this form to Debs Paul, School Administrator