



Lanesfield Primary School
Leave of Absence in Term Time Request Form

Child's details

Full name:	
Date of birth:	Class:

Parent/Carer details

Full name:	Full name:
Relationship:	Relationship:
Address:	Address:
Post code:	Post code:
Date of birth:	Date of birth:

About the request for your child's leave of absence from school.

Please state the reason for taking your child out of school:

Length of absence: (school days)	
Date from:	Date to:

Parent/Guardian signature: (Parent who lives with the child or has day to day care of the child as above)	
Date:	

Comments by Head Teacher: 	
The above leave is authorised/not authorised (delete as applicable)	
Signed:	(Head Teacher) Date: