

THURGOLAND CE PRIMARY SCHOOL

APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL

Full name of child (ren)

Reason for application and dates requested

Telephone Number

Signature of parent(s) / carer(s)

Date

Notes

We are no longer able to authorise absence unless under exceptional circumstances i.e. family bereavement

Office use only

Name of pupil/s.....

Date of absence

Absence Authorised Unauthorised

Signed

Date