REQUEST FOR LEAVE OF ABSENCE

Child’s Name………………………………………………………………………………

Class…………………………………………………………………….........................

Date(s) of proposed absence…………………………………………………………..

Reason for request

(Please give full details so that the merits of the absence may be considered)

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

Signed…………………………………… Date ……………………………………………

Dear Parents,

Your request for leave of absence for …………………………….

on …………………………………………………………………………

*has/has not* been granted and the absence will be classed as *authorised/unauthorised.*

Signed …………………………………….