

# ST NICHOLAS C OF E PRIMARY SCHOOL

**APPLICATION FOR PUPIL LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME – for medical absence please attach copies of correspondence from doctor.**

Name of pupil(s):

Class(es):

Address:

Telephone No:

I request permission for my child to be absent from school

From.....To.....Total school days.....

**Exceptional circumstances for request:**

*(this section must be answered in full and against stated criteria)*

Signature of parent/carer.....Date.....

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**For school use only**

Seen by Headteacher (signature).....Date.....

Decision reached.....

Date reply returned.....