Holmer Green First School and Pre-School

Application for Leave of Absence

Child's Name: _____ Class: _____

Proposed Dates of Absence: From: _____ To: _____

Total number of school days: _____

I request permission from the school's Governing Body for my child to be granted a Leave of Absence for the above dates.

Please give details and reasons for the proposed absence:

Signature of
Parent/Guardian: _____ Date: _____

Children who are absent from school can find it difficult to keep up with the learning in the classroom, are more likely to underachieve and can find it challenging to make and maintain friendships.

Office use:
Authorised/Unauthorised ***Signature:*** _____ ***Date:*** _____