Application for Leave of Absence during Term Time

Durham County Council

A.	Pupil Details			
Name:			DOB:	
Address:				
Class/Form:				
Siblings Name(s):			School(s):	

B.	Leave of Absence Request Details			
Start of requested leave:			End date:	
Return to school date:			No. of days:	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider?				
Name of Parent/Carer/Step Parent (**FULL** Name):				
Signature:			Date:	
Name of Parent/Carer/Step Parent (**FULL** Name):				
Signature:			Date:	

C.	For School Use		
Previous LOA this academic year:			
Does the LOA request coincide with test/examination periods:			
Is LOA approved:	**YES**	**NO**	
If **YES** – No. of days to be authorised for this LOA application:			
Signature of Head Teacher/Designated member of Staff:		Date:	
Register Code to be used for this LOA:			