Application for Leave of Absence during Term Time

Durham County Council

A.	Pupil Details			
Name:			DoB:	
Address:				
Class / Form:				

B.	Leave of Absence Request Details			
Start date 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 (print):				
Signature:			Date:	
Name of parent / carer (print):				
Signature:			Date:	

C.	For School Use		
Current attendance %:			
Previous LOA this academic year:			
Does the LOA request time coincide with SATS / other examination periods:			
Any mitigating / aggravating circumstances (Including any ongoing medical issues):			
Child's current / potential level of attainment?			
Is the LOA approved?:	**YES**		**NO**
If **YES** - Number of days to be authorised for this LOA application:			
Signature of Head Teacher:		Date:	
*Register Code to be used for this LOA:			

* Full list of absence codes overleaf