**TERM-TIME LEAVE REQUEST (less than 5 days)**

**We request that this form is returned to school at least two weeks before the date of absence**

**Name of Student**........................................………………… ……………………………………………

**Tutor Group**. ............... **Current Attendance Level**....................**%**

I hereby make application for my son/daughter......................................................................to be absent from school from...............................................to..............................................(date inclusive) to (please tick)

Attend family funeral

Attend Medical Appointment

Other (please state reason) ……………………………………………………………………………

……………...………………………………………………………………………………………………………………………………………………………………………………………………………..

Signed……………………………………………… Parent/Guardian

Print Name ……………………………………….. Date................……………….

If the school refuses and the child is still taken out of school, this will be recorded as an unauthorised absence and noted on your child’s attendance record. This may be used in any legal action taken for poor attendance.

**Please tick the appropriate box and provide details as appropriate:**

 Have not made any previous request(s) for leave in the current school year.

 Have made previous request(s) for leave in the current school year

**Details of previous request made:**

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