Catholic Prin					Appendix 1	
in the Light of Jesus we Learn to Shine	Request for leave of absence from school during term time This should be completed before booking any travel arrangements To be completed by the Parent/Guardian					
						Pupil's NameClass
	Address					
		thnicity Date of birth				
	1. Date of absence request:					
2. Reason for application:						
3. CONTACT DETAILS – PL	EASE PRINT CLE	ARLY				
1st Parent/Guardian details		2 nd F	2nd Parent/Guardian details			
First name		First	First name			
Surname		Surn	Surname			
Address		Addr	Address			
Contact number		Conta	Contact number			
Date of application:	//201					
I have read the school's	attendance p	olicy documen	t			
Parent/Carer signature		Date _	/	/201		
Name (Please print)						
For schools use only						
Current attendance: (must be at least 97%) No of term days requested:						
If the child has had previous	term time leave,	please state date	s and number	of days taker	ו	
Office use only						
Seen by Head teacher /	Deputy / Attend	lance Officer	Leave a	greed 🗌	Not agreed \Box	
Other outcome:			_ Date: _	/	/	
If leave is to be authorised, t	he following mus	st be completed:				
Travelling abroad? Yes	No 🗌 Country_			Return da	nte://	
Proof of return date (tickets)	<i>/e mail etc)</i> seen k	oy Head teacher ⊏	Deputy Head	teacher D At	ttendance Officer 🗆	