Longman's Hill Community Primary School, Myrtle Avenue, Selby, YO8 9BG. Headteacher: Mrs J Elcock. Chair of Governors: Miss S Rhodes

Email:theoffice@longmanshill.n-yorks.sch.uk

"GROWING HEARTS AND MINDS TOGETHER"

APPLICATION FOR PUPIL LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME

Name of pupil/s	D.O.B	Class
1)		
2)		
3)		

Child(ren)'s Address:
Postcode:

List below names of parents with legal PR (even if not involved in applying for the absence):

Title (Mr/Mrs/Miss)	Name	Relationship to child (eg mother/ father)	Address	Contact telephone number	Tick if applying for the term time leave

I / we (delete as appropriate) request permission for my/our (delete as appropriate) child/ren to be absent from school

From …….. To …… Total school days ……They will return to school on (date)……

Exceptional circumstances for request: Please state the reason required for term time absence

(This section must be answered in full and against stated criteria. Please use additional page if required. Evidence to support consideration of exceptional circumstances must be submitted with application- letters/ emails from employers must be dated within 4 weeks and be on official headed paper)

Signature of parent/carer …… Dated ……

For school use only

Seen by Headteacher (signature) …… Dated ……

Decision reached: Authorised leave of absence ☐ Unauthorised leave of absence ☐ Part/part ☐ …… days authorised
……days unauthorised

Reason for **authorised** absence decision:

☐ Child not yet 5

☐ exceptional circumstance for holiday (details ……)

☐ other (details ……)

Reason for **unauthorised** absence decision:

☐ Term Time holiday with no exceptional circumstances

☐ Absence taken without pre-agreed permission / less than 6 weeks

☐ Other (details ……..)

Date reply returned ……