



**St. John the Baptist C.E. Primary School**  
**Application for school pupil's leave of absence (V3 Sept.15)**

Government regulations state that pupils should only be absent from school in "exceptional circumstances". Before making an application for absence parents should familiarise themselves with the "Working together guide on pupil absence" which is available on the school website and from the school office.

If you believe that the absence you wish to take is because of exceptional circumstances then this form should be completed and returned to the school office at least 10 school days prior to the first date of the absence.

**NAME OF PUPIL.....CLASS.....**

**Name of parent(s) making the application.....**

**Does the child live with both parents? Yes / No (Please delete as applicable).**

**Please note that if the child lives with one parent, permission must be sought from the other parent for this application to be made prior to submitting this application. We may contact both parents to verify this permission.**

**Routine Medical Request (please provide evidence of appointment for office checking when handing in this form -**

Date of appointment \_\_\_\_\_ Type of appointment \_\_\_\_\_

Time collected \_\_\_\_\_ Time returned \_\_\_\_\_

**OR**

**I believe that the absence I am requesting is because of exceptional circumstances for the following reasons (*please continue on the reverse if needed*);**

.....  
.....

First day of absence \_\_\_\_\_ Date of return to school \_\_\_\_\_

**Signed.....Parent / Guardian                      Date.....**

**(PLEASE ENSURE YOU CARRY THIS WITH YOU TO PROVIDE EVIDENCE OF AUTHORISATION OF YOUR REQUEST FOR ABSENCE)**

Routine Medical Appointment/other appointment confirmation seen by \_\_\_\_\_

Absence authorised on \_\_\_\_\_ Time \_\_\_\_\_

**Other leave of absence requests;**

Date of meeting with parent(s) \_\_\_\_\_

Who attended \_\_\_\_\_

Comments \_\_\_\_\_

**Absence request:                      agreed                      declined (Please circle)**

**If agreed then number of school days & inclusive dates of absence to be authorised**

**Signed.....                      Date.....**