Portsmouth CITY COUNCIL

LEAVE OF ABSENCE FROM SCHOOL

To be completed by Parent/Carer/Guardian
(one form to be completed for each child)

Name of Pupil:		DOB	
School:			Year/Class:

Your request will be considered by the Headteacher. Please note all requests will be judged on an individual basis but any leave of absence can only be approved in exceptional circumstances.

Dates for requested leave of absence: From ..... To .....

Number of days that have been requested: .....

Please give brief reasons for your request for the leave of absence.

Parent(s) Name: .....

Address: .....

Is there any other parent living at this address? Yes*/No *If yes Name: .....

Signature(s).....Date.....

Address of any **non-resident** parent .....

To be completed by School

Your request for leave of absence ***has/has not**** been approved for the following reason(s):
Please see attached letter*(*delete as appropriate)*

Date received by school: ..... Date refusal letter was sent: .....

Headteacher's Signature: ..... Date: .....

The code placed in the register will be: (please circle relevant code)	C Performance (licence required) /Exceptional circumstances	G Unauthorised Leave of absence	H Authorised Leave of absence	O Unauthorised (other reason)	P Approved sporting activity	R Religious observance