

LEAVE OF ABSENCE FROM SCHOOL REQUEST (LOAF)

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

Name of Pupil:		
School:		NCY/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.

Leave dates requested			Number of leave days requested	
From		To		

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

Parent Name		Parent name	
Address			

Signature:

Name & address of any non-resident	
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To be completed by School

Date request received		Is the leave of absence approved?	YES / NO
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Your request for leave of absence **has / has not*** been approved for the following reason(s):

Please see attached letter* (*delete as appropriate)

Headteacher's signature	
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Date school refusal letter(s) were sent to parent(s)	
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Code that will be placed in the register:	C	C1	G	O	P	R
	Exceptional circumstances	Performance (license required)	Unauthorised Leave of absence	Unauthorised (other)	Approved sporting activity	Religious observance