St Paul's CE Primary School

St Paul's C of E Primary School

A place to belong

CITY OF YORK COUNCIL

APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL

Full name of child(ren):

Address:

Dates requested:

Exceptional Reasons for application:

Has leave of absence been taken in term time before?

Are you requesting leave of absence for any siblings at another school? If so please provide details.

Signature of parent(s) / carer(s) (applications can only be made by parents/carers)

Date:

Office use only: G2 ☐ CM ☐ CP ☐

Seen by Headteacher: Authorised ☐ Unauthorised ☐

Headteacher Signed

Any further action: Date