



APPLICATION FOR LEAVE OF ABSENCE OF CHILD FROM SCHOOL

This form is to be completed by the Parent/Carer and forwarded to the Head Teacher of Hexham Priory School, well in advance of the period for which leave of absence is requested. The Head Teacher will notify you of the decision within five working days of receipt of this form.

Name of Child: Class:

I apply for leave of absence for my child for the purpose of

From To number of school days

Have you previously submitted a leave of absence request for
your child in this School Year

(If yes, please
give details)

Please give the reasons which prevent this absence being taken during a School holiday period:

Date: Signed:

.....
Your application for the leave of absence of your son/daughter from

to

authorised

Signed: Date

Head Teacher, Hexham Priory School