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| **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 parent |  |
| Is there a sibling at another school within The De Curci Trust? If yes, please complete: |
| Sibling Name(s) |
| Year/Class | School(s) |
| **To be completed by School** |
|  Date request received  |  |  Is the leave of absence approved? | **YES / NO**  |
| % attendance current academic year |  | Dates & codes |  |
| Your request for leave of absence ***has / has not\**** been approved for the following reason(s):***Please see attached letter*\****(\*delete as appropriate)*  **of absence has not been approved for the following**  |
| Headteacher's signature |  |
| Date school refusal letter(s) were sent to parent(s) |  |
| Code that will be placed in the register: | **C**Exceptional circumstances | **C1**Performance (license required) | **G**Unauthorised Leave of absence | **O**Unauthorised(other) | **P**Approved sporting activity | **R**Religious observance |