

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					
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)			
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