**APPLICATION BY PARENT/S FOR A CHILD’S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES**

Bradwell Junior School

Hugh lane

Bradwell

Derbyshire

S33 9JB

Tel: 01433 620473

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Group \_\_\_\_\_\_\_

Name of both parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I/We wish to apply for our child to be absent from school for EXCEPTIONAL CIRCUMSTANCES.

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days requested: \_\_\_\_\_\_\_\_\_\_

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| --- |
| Please supply as much detail as possible for the reason for your request and why you feel it is an exceptional circumstance |

Signed (both parents if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM SHOULD BE SUBMITTED TO SCHOOL AT LEAST 4 WEEKS BEFORE THE DATE OF THE REQUESTED LEAVE**