

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							
To be completed by School							
Date request received				Is the leave of absence approved?		YES / NO	
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	