



THE BLUE COAT SCHOOL

Request for Leave of Absence in Term Time

Student Name: _____ Form _____

Parent/Carer Name _____

Address _____

Date of Start of Leave _____

Date of Last Day of Leave _____

Reason for taking Leave of Absence

(Please give full details of reasons for making this request for consideration for absence under exceptional circumstances)

When did the student(s) last take leave of absence during term time?

Month _____ Year _____ Duration _____

Purpose _____

Signed _____ Parent/Carer

Date _____