

Leave of Absence Request Details			
It is expected that this Request for Absence Form is submitted to the academy at least 4 weeks in advance of the proposed absence.			
Pupil name:		D.O.B:	
Address:			
Class / Form:			
Start date of requested leave:		End date:	
Return to school date:		No. of days:	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider? Please provide evidence E.g. Note from employer / medical letter etc.			
Name of parent / carer (print):			
Signature:		Date:	
C. For School Use			
Current attendance %:			
Previous LOA this academic year:			
Does the LOA request time coincide with Assessment/Exam periods			
Any mitigating / aggravating circumstances (Including any ongoing medical issues):			
What evidence has been provided? (attach)			
Child's current / potential level of attainment?			
Is the LOA approved?	YES	NO	
Reason, if not approved:			
If YES - Number of days to be authorised for this LOA application:			
Signature of Head Teacher:		Date:	
*Register Code to be used for this LOA:			

Headteacher: Mrs A Sweeten
T: 01325 380815
E: enquiries@longfield.nalp.org.uk