

LEAVE OF ABSENCE FROM SCHOOL REQUEST (LOAF)			
To be completed by Parent/Carer/Guardian <i>(one form to be completed for each child)</i>			
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):						
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