

I/we red	quest that my son/daughter (Name)	Form
of (add	ress)	Post Code
be grar	nted leave of absence from the (date)	to the (date)
in resp	ect of the following (please circle):	
Compa	r in term time ssionate Grounds State)	
By sig	ning this leave request I understand th	e following:
2.	The school have a discretionary power to Only the school can grant leave of abselution No child may be granted more than 10 circumstances.	
	The school may authorise all or part of the leave is granted and my/our child does the school may, in consultation with the	es not return to the school within the time allowed to local authority remove him/her from the register.
6.		e still take our child out of school I understand that alty Fine of £100 in respect of each child and each
7.		contact the school to explain why as soon as is
Signed	Name	Date