



Headteacher: Mrs P Cocker  
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### REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME

Please complete this form and hand it to the school office.  
A reply will be sent home with your child.

Child/children's name and class

First date of absence

Last date of absence

Number of days requested

Please explain the reason for this absence request

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_