

**Request for consideration of Exceptional Leave from
St Leonard's C. E. Primary School**



I wish my child/children _____
to take leave from school from _____ until _____.

A total of _____ school days.

Current class(es)/ year group(s) _____/ _____

I believe this is exceptional circumstances. The reason(s) for this request are;

I understand that I may need to provide proof of these exceptional circumstances, before this absence is agreed.

Signed _____

Name _____

Contact number _____

date _____

FOR OFFICE USE ONLY

Declined /Approved by Head Teacher _____ date _____

Declined/Approved by Governors _____ date _____

Parents advised telephone/ letter date _____

Register marked accordingly _____ -date _____