

# Wark C of E First School

## Application for leave of absence of child from school

This form is to be completed by the Parent or Guardian and forwarded to the Headteacher, before the period for which leave of absence is desired. A copy will be returned.

I, the undersigned, being the parent or guardian of:

NAME OF CHILD: .....

ADDRESS: .....

.....desire that he/she be granted leave of absence

from school (give dates) from:

(1<sup>st</sup> day of absence) .....to (last day of absence).....

for the purpose of:-

.....  
.....  
.....

Signature of Parent / Guardian: ..... Date: .....

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Your application for the leave of absence of your son / daughter from .....to  
.....

is / is not authorised.

Date: .....

Signed: ..... Mrs Amanda P Lewis, Headteacher