

Elmsleigh Infant & Nursery School
Headteacher: Mrs K Burton

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**APPLICATION BY PARENT/S FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL
FOR EXCEPTIONAL CIRCUMSTANCES.**

To the Headteacher

Name of Child..... Year Group

Name of both parents

Address

I / We wish to apply for our child to be absent from school for EXCEPTIONAL CIRCUMSTANCES.

Dates:

From..... To.....

Total number of days requested

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances:

Signed (both parents if applicable)

Date

.....

THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE.

