**STONELOW JUNIOR SCHOOL**

**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 Mr ………………..………………………………………………………………

 Mrs/ Ms/Miss ……………………………………………………………….

Address ………………………………………………………………………………………………………………….

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**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.**