Wellfield Middle School

REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME

Name of pupil	
Date of birth	
Tutor / Year group	
Address	
Contact Numbers	

I request permission for my child to be absent from school between	
First day of Absence	
Date of Return	
Total School Days	
Please fully explain the exceptional circumstances that you would like the Headteacher to consider (continue on a separate sheet if necessary)	

Parent / Carer signature …… Date ……..