

TERM TIME LEAVE FORM

Please use this form to notify the school of your intention to withdraw your child during term time.

Childs name:	Class:
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If applicable:

Siblings name:	Class:
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My child's last day at school will be:	My child's first day back at school will be:
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Please give your reasons for the intended absence:

Name:

Date:

Signed.



To be completed by the school:

Number of school days intended to be absent:

Attendance % for the last 12 months:

School comment:

Attendance code to be used:

Assistant Head Teachers signature:

Date:

