



The Castle School

Request for pupil leave of absence from school during term time

Please complete this form and return it to school

Pupils Name..... Class.....

Proposed Date/s of Absence.....

Full day / Morning / Afternoon (delete as appropriate) or time:

Reason for absence:

Signature of parent/carer.....

Date:.....

Signature of Headteacher:.....Authorised **Y** **N**

Date:.....

Please send this form to the Headteacher at least 2 weeks prior to the proposed leave of absence. The form will then be signed by the Headteacher and returned to the parent/carer.