

BLESSED TRINITY RC COLLEGE

Permission Request for Leave of Absence

This application MUST come from the parent with whom the child normally resides. Please add any additional information we may need overleaf.	
Surname of child:	First Name of child:
Child's date of Birth:	Year Group:
Name of Mother/Carer Address/Contact numbers:	Name of Father/Carer Address/Contact numbers:
Parent/Carer date of Birth:	Parent/Carer date of Birth:
Name of person with whom child is going on holiday if different from above:	Name: Address/Contact numbers:
Date of Birth: Relationship to child:	
Are there any Siblings applying for leave either at Blessed Trinity or at another school : Yes/No	Sibling: School:
Please provide detailed information regarding the exceptional circumstances supporting this application for leave: (Please use reverse of this sheet if required).	
Length of absence: (number of school days)	Destination:
First day of Leave from school:	Date due back in school:
Employer Details: If you are stating work commitments as an exceptional reason for requesting leave, please complete this section and attach any evidence you have. For example a letter from your employer stating why leave cannot be taken during the school holidays.	Name/Address and contact details of Employer:
Parent/Carer Signature:	Date of Application:
Please note schools are only allowed to authorise leave during term time if circumstances are considered to be exceptional. A fixed penalty notice may be issued when leave is taken without prior agreement from School.	