

**APPLICATION FOR LEAVE OF ABSENCE OF CHILD FROM SCHOOL**

I, the undersigned, being the parent or guardian of:

NAME OF CHILD..... ADDRESS.....  
.....

Desire that he/she be granted leave of absence from school (give dates)from  
..... to enable him/her to:-

Either (a) accompany me on my annual holiday

Or (b) accompany ..... on holiday

Or (c) participate in my annual holiday which will be taken at home.

**(PLEASE DELETE AS APPROPRIATE)**

Class/Form ..... Date .....

Signature of Parent or Guardian .....

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**To the Headteacher of Seahouses County Middle School**

This form is to be completed by the Parent or Guardian and forwarded to the Headteacher, **before** the period for which leave of absence is desired.

Your application for the leave of absence for your son/daughter from

..... to ..... is / is not approved.

Date..... Signed..... Headteacher

**Note:-** The regulations made by the Secretary of State for Education and Science provide that if a parent of a pupil desires the pupil to accompany him/her on his/her holiday, or, if a pupil is offered a holiday by somebody else (when his/her own parents are not going on holiday) or, if a family is taking annual holiday at home, leave of absence for not more than two weeks in any calendar year may be granted for that purpose.