

Fulford School
 Fulfordgate
 Heslington Lane
 Fulford York
 YO10 4FY



LEAVE OF ABSENCE REQUEST - PARENT/CARER TO COMPLETE	
Full name of child(ren)	Year/Form

Home Address:		
First day of absence:		
Last day of absence:		
Total number of days:		
Exceptional Reasons for application:		
Has leave of absence been taken in term time before?	Yes	No
Are you requesting leave of absence for any siblings at another school? If so please provide details:		
Signature of Parents(s)/Carer(s):		
Date:		
<i>Applications can only be made by parents/carers</i>		

ABSENCE REQUEST - SCHOOL RESPONSE

ADMIN CHECK		HEADTEACHER DECISION	
Attendance Record		Authorised	
Significant Events		Unauthorised	
Number of days previously requested		Signature of Headteacher	
Trips		Date	

Comments:

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