**APPLICATION FOR LEAVE DURING TERM TIME**

*To be completed only by parent or carer*

|  |  |
| --- | --- |
| STUDENT NAME: |  |
| FORM GROUP: |  |
| DATE: |  |
|  |  |
| **I wish to apply for leave from school for my child/ward for the following days:**Note that 15 days’ notice prior to the first day of the absence are required. |
|  |  |
| LEAVE DATE: |  |
| HOW MANY ACADEMIC DAYS: |  |
| DATE RETURNING TO SCHOOL ON: |  |
| MY PROPOSED DESTINATION IS: |  |
|  |  |
| Please give a full explanation of why this request for leave had been made: |
|  |
| NAME OF PARENT/CARER: |  |
| PARENT/CARER SIGNATURE: |  |

**This form must be returned to the Attendance Officer – Mrs S Lunn**

*Alternatively, this form may be emailed to Mrs Lunn at* *studentabsence@nks.kent.sch.uk*

**OFFICIAL USE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved |  | Not Approved |  |
| Deputy Headteacher |  |  |
| Signed: |  | Date: |  |