



Hipswell Church of England Primary School

Headteacher: Miss C Ewbank Deputy Headteacher: Mrs. S Regan

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APPLICATION FOR PUPIL LEAVE OF ABSENCE DURING TERM TIME IN EXCEPTIONAL CIRCUMSTANCES

Name of pupil(s):

Full Name of Parent/Carer(s)

School:

Home Address:

Telephone No:

Siblings: (if different school)

Schools attending:

I request permission for my child to be absent from school

From _____ To _____ Total school days _____

I have attached a letter from my employer supporting my application. Yes / No

My employer will send you a letter/e-mail to supporting my application. Yes / No

Exceptional circumstances for request:

(this section must be answered in full and against stated criteria)

Signature of parent/carers: _____ Date: _____

For school use only

Seen by Head teacher (signature): _____ Date: _____

Supporting letter from applicant's employer/s received Yes / No

Decision reached:

Date reply returned to parent (s):