

Grange School

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Headteacher: Mr Keith Cox

APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME

APPLICATION BY PARENT/CARER FOR CHILD'S LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Pupil's Name Class

Home Address

I wish to apply for my child to be absent from school during the following dates:

Date of Last day at School Date of Return to School

Total number of school days missed

Reasons for absence from school:

.....
.....
.....
.....

I wish to make this application for my child named above to have authorised absence from school for the reason stated. I understand that if this is not agreed then any absence will be treated as unauthorised

Name of Parent/Carer making application

Signed

Date

PLEASE RETURN THE COMPLETED APPLICATION FORM TO SCHOOL GIVING AT LEAST 4 WEEKS NOTICE OF INTENDED ABSENCE

For office use only:

Approved/Not Approved

Signed(Headteacher)

Date

(Copy/telephone call to be sent/made to parent/carer)