



Name of Student:		Class:
Purpose of absence:		
Reason for absence during term time:		
Proposed start date:	Date of return to school:	
Reason why it is not possible to take leave other than in term time:		
Siblings at another West Berks School?	Yes/No	
Name of School (if applicable)		
Signed Parent/Guardian:		Date:

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Office to Complete

Number of days requested:	
Percentage attendance:	
Has leave during term time been requested before?	
Request for leave is:	Approved / Not approved
Reason:	
Signed:	
Date:	