



# Linton Primary School

Main Street, Linton, Swadlincote  
Derbyshire, DE12 6QA  
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Email: office@linton.derbyshire.sch.uk  
Headteacher: Mrs C. L. Hollis B.Ed Hons N.P.Q.H.



## LEAVE OF ABSENCE REQUEST FORM

PLEASE NOTE - The **Education (Pupil Registration) (England) (Amendment) Regulations 2013** state that Headteacher's should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

Name of Child(ren): ..... Year Group: .....  
..... Year Group: .....  
..... Year Group: .....

Childs Address: .....  
.....

Name of Applicant(s) (parent/guardian) .....

Address (if different) .....  
.....

**I / We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES on the following dates.**

From..... To.....

Total number of days our child(ren) will be absent from school .....

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances. Please include the names of the adult(s) who will be with your child(ren) during their absence from school.

Continue over the page if necessary

Signed (both parents if applicable)

Date: .....

Parent 1 ..... Parent 2 .....

**IF THE REQUEST IS FOR A FAMILY HOLIDAY PLEASE SUBMIT IT BEFORE THE HOLIDAY IS BOOKED**



Derbyshire Healthy Schools  
Community Award