

Leominster Primary School- EXCEPTIONAL LEAVE OF ABSENCE REQUEST

Childs Name:	DOB:	Class:
Date From/To:		Total Days:
Destination:		Total Sessions:

Parent/Carer details:

Title (Mr/Mrs/Ms/Miss)		
Surname		
Forename		
Date of Birth		
Relationship to pupil		
Address		
Telephone number:		
Pupil resides with:		

Please detail below your **EXCEPTIONAL CIRCUMSTANCES for this request:**

Signature:

Date: