



**Application for Leave during term time**  
*To be filled in only by parent or carer*

Student Name:

Tutor Group:

Date:

**I wish to apply for leave from school for my child for the following days:**

*(Note that 15 days' notice prior to the first day of the absence are required)*

Leave date:

How many academic days:

Returning to School on:

My proposed destination is:

**Please give a full explanation of why this request for leave had been made:**

Name of parents/carer:

Address:

Contact Phone Number:

Parent/Carer Signature:

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**This form must be returned to the Attendance officer – Lubka Lindo**

*Alternatively, this form may be emailed to Mrs Lindo at [attendance@wyeschool.org.uk](mailto:attendance@wyeschool.org.uk)*

Official Use:

**Approved**

**Not Approved**

Vice-Principal

Sign:

Date: