St Anthony’s Catholic Primary School



REQUEST FOR EXCEPTIONAL LEAVE DURING TERM TIME

**Authorised/ Not Authorised**

**Authorised By: ....................................................... Position: ................................**

**Signature: ............................................................... Date: ......................................**

Signed: .................................................................... Date: .......................................

Relationship to Child: .....................................................................................................................

Reason for Absence: ........................................................................................................................

Details:

First Day of Absence: ..........................................................................................................................

Date of Return: ....................................................................................................................................

Number of School Days Absent: .........................................................................................................

Child’s Name: .................................................................... Class: .........................................