

**Rossmore****Rossmore School**

Red Lion Lane, Little Sutton, Ellesmere Port, Cheshire, CH66 1HF

Tel: 0151 329 3688

Head Teacher: Mrs S. Davis-McCoy B.Ed Hons NPQH**head@rossmore.cheshire.sch.uk**

APPLICATION FOR PUPIL TO BE ABSENT FROM SCHOOL DURING TERM TIME

(To be completed by parent/guardian)

Date of request:

School Year/Class	Child Name and DOB

Leave of absence dates to be requested

1 st date of leave		Last day of leave	
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Number of school days missed

Reason for requesting leave of absence:

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Parent 1 Full name and address	Will the children be with this parent on leave of absence Yes ☐ No ☐
Parent 2 Full name and address	Will the children be with this parent on leave of absence Yes ☐ No ☐

SIGNED **PARENT / GUARDIAN** *MUST HAVE PARENTAL RESPONSIBILITY FOR NAMED CHILD/REN

SCHOOL OFFICE USE ONLY
☐ On the grounds of exceptional circumstances, I am able to grant leave of absence

☐ Unfortunately, I am unable to authorise absence (please see information letter)
REQUEST GRANTED: YES / NO