

**RIDGMONT LOWER SCHOOL
APPLICATION FOR LEAVE OF ABSENCE**

Please complete the top section of this form and return it to school

I request that (name of child) be granted leave of
absence from Ridgmont Lower School from (date of first day of
absence) to (date of return to school).

Reason for absence

Signed Date

Do you have any siblings in any other schools? If so, could you please give details below

.....
.....

.....

To:

Date

This is to confirm that we are in receipt of your application for leave of absence for your child

..... and that this absence of sessions (half
days) has been recorded as authorised/unauthorised.

Signed Date

(Headteacher)