

TO BE COMPLETED BY PARENT OR GUARDIAN
ROYAL BOROUGH OF KINGSTON UPON THAMES
Latchmere School

APPLICATION FOR PUPIL LEAVE OF ABSENCE

Please return to school office prior to the date

Full name of child(ren):

Class(es)

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.....

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.....
.....

Date(s) absence requested:

From:

To:

Reason for application:

Signature of parent(s) / carer(s):

Date:

Office use only

Signature of Headteacher

Authorised

Yes

No

Absence Code

Date / /

Holidays will not be authorised unless they are for religious observance.