



THE WILLIAM ALVEY CE SCHOOL, EASTGATE, SLEAFORD, LINCS. NG34 7EA  
Tel: 01529 302772 Fax: 01529 302772 e:mail: [admin@william-alvey.lincs.sch.uk](mailto:admin@william-alvey.lincs.sch.uk)

### APPLICATION FOR PUPIL'S LEAVE OF ABSENCE

**N.B.** This form must be completed and forwarded to the school office at least two weeks before the period of absence desired.

**Please note: Family holidays will not be treated as a legitimate reason for absence.**

A reply will be sent home via your child.

Pupil's Name ..... Class .....

I wish to apply for leave of absence from school for my child from .....20.....

to ..... 20..... A total number of ..... School days

My child will return to school on: .....

Reason for absence .....

.....  
.....  
.....

Signed ..... Parent / Guardian Date .....

**FOR OFFICE USE ONLY:**

**AUTHORISED**

**UNAUTHORISED**

**Reason**

Not a valid reason for absence

Headteacher's signature .....