

Application for Leave of Absence during Term Time

Durham Trinity School & Sports College

A. Pupil Details	
Name	
Date of birth	
Class / Tutor Group	
Address	

B. Leave of Absence Request Details	
Start date of requested LOA	
End date of requested LOA	
Return to school date	
No of days	
What are the exception circumstances for your leave of absence request that you wish school to consider	
Name of parent / carer (print)	
Signature	
Date	

C. For School Use		
Current attendance % (in current academic year)		
Previous LOA leave this academic year		
Does the LOA request time coincide with SATS / other examination periods		
Any mitigating / aggravating circumstances (including any ongoing medical issues)		
Given information above and reason for request is the LOA approved?	YES	NO
If YES number of days to be authorised for this LOA application		
Signature of Head Teacher		
Date		
*Register Code to be used for this LOA		

- **Code H:** Leave of absence authorised by school
- **Code G:** Leave of absence not authorised by the school or in excess of the period determined by the head teacher