



NORTHUMBERLAND
COUNTY COUNCIL

To the Head Teacher: Otterburn First School

I, the undersigned being the parent or guardian of:

Name of Child

Address

.....

desire that he/she be granted leave of absence from school,

from(first day of leave) to(last day of leave)

Date & Day child/ren will return to school

The purpose of the leave (please give full details continue on separate sheet if necessary);

.....

.....

.....

.....

Class/Teacher..... Authorised: ☐ Not Authorised: ☐

Date

Signed

Signature of parent or guardian

This form is to be completed by the Parent or Guardian and forwarded to the Head Teacher of Otterburn First School, **before** the period for which leave of absence is desired.

✂.....✂.....✂

Your application for the leave of absence of your son/daughter.....

from to

Date & Day child/ren will return to school

is/**is not** authorised, because

.....

.....

Date.....

Signed.....

Headteacher

From September 2013, Headteachers **will not be authorising holidays during school time**. There may be occasions where parents/carers feel that their circumstances are exceptional, being of unique and significant emotional, educational or spiritual value to the child which outweighs the loss of teaching time, or there are other difficult circumstances within the family.

Each application will be considered individually and may need a meeting with the Headteacher.