

Head Teacher
 Mrs S Binks
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 Bishop Auckland
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Sunnybrow Primary School
 Sunnybrow
 Crook
 Co. Durham
 DL15 0LT

Application for Leave of Absence during Term Time

NAME OF CHILD(REN):		CLASS:
Name of Parent / Carer:		
First Day of Absence:	Last Day of Absence:	
Total number of days of absence from school:		
Reason for application (please give sufficient detail to inform decision making) Please be aware that you may be required to provide evidence of the special circumstances surrounding this term-time holiday:		
Details of any other applications for leave of absence in school term time:		
Signature of parent / carer:		Date:

FOR OFFICE USE	
Attendance to date (current academic year):	
Leave of absence AUTHORISED by:Headteacher	Leave of absence UNAUTHORISED by:Headteacher
Date:	
Comments:	

Please submit this form to the Headteacher prior to booking any holiday. Your request will be considered and you will receive a response within 8 school days of receipt.

