



**THE SACRED HEART LANGUAGE COLLEGE
APPLICATION FOR EXCEPTIONAL LEAVE DURING TERM TIME**

PARENT SECTION

Name of Child (<i>please print</i>)		Form:
Full Name of Parent / Carer (<i>please print</i>)		
Address:		
Telephone Number:	Email:	
Reason for Absence:		
First day of Absence:		
Date due back in school:	Length of absence: (Number of school days)	

I understand that if my daughter fails to return to school on the agreed date, and the failure is not due to sickness or any other unavoidable cause, her name can be taken off the school roll.

Parent/Carer Signature:	Date:
--------------------------------	--------------

SCHOOL SECTION

Leave of absence approved?	
Head of Year's signature:	Date: