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**APPLICATION FOR A PUPIL TO BE ABSENT FROM SCHOOL DURING TERM TIME FOR REASONS OTHER THAN ILLNESS**

PUPIL NAME: ………………………………………………. CLASS/YR: ………………………………………

Dates requested from: ………………………………….. To: …………………………….

*Please state reason for application:*

*Please give name(s) of any brothers/sisters who are also affected:*

Name DOB SCHOOL Has school been informed?

**TO BE COMPLETED BY SCHOOL OFFICE:**

Request granted: YES/NO

Comments:

Fixed Penalty Notice requested: YES/NO Code to be used for Register:

Parent/Carer: ……………………………………………………………………………..

Signed: …………………………………………………………………………….. Date: ……………………………………..