



**Ivy Bank
Primary School**

THE SILK ACADEMY TRUST

Request for Leave of Absence in Term Time

Pupils Name: _____

Class: _____

First date of absence: _____

Last date of absence: _____

Total days of absence requested: _____

Please give full reason(s) below for asking for leave of absence in term time

Signature: _____

Print name: _____

Date: _____