Date

Parent Name & Home Address

Dear

**LEAVE OF ABSENCE – AUTHORISED**

Child X – dob xx/xx/xxxx

I note your application to take ……………………… out of education from ………………… to ……………… for a total of …………… days to take leave of absence for the reason of ………………………….……

I have considered your application and do feel it meets the exceptional circumstances criteria and therefore your request has been **granted**.

For the purpose of recording and in line with the Local Education Authority attendance monitoring your child be marked on the register as having an authorised leave of absence for a total of ……………………….

**Please note** all applications for leave of absence are considered on an individual basis. Each application will be considered in line with our Policy including a review of any previous absences.

Yours sincerely

Janette Allen

Head Teacher