

## CASTLE DONINGTON COLLEGE

### APPLICATION BY A PARENT / CARER FOR A CHILD'S LEAVE OF ABSENCE FROM THE COLLEGE DURING TERM TIME

Pupil's Name		Tutor Group	
Home Address			

I wish to apply for my child to be absent from the college during the following dates:

Date of last day of school		Return date to the college	
Total number of school days missed			

Could you please explain the circumstances that make it necessary to take this absence during term time.

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I make the application for my child named above to have authorised absence from the college for the reasons stated. I have read and understand the college attendance policy, including in regard to the authorisation of term-time absences. I understand that, if this request is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons for irregular school attendance.

Name of parent / carer making application			
Signed		Date	

**PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE COLLEGE (FOR THE ATTENTION OF THE ATTENDANCE OFFICER) GIVING AT LEAST TWO SCHOOL WEEKS' NOTICE OF INTENDED ABSENCE.**

Please do not book or pay for any activity until you know that that the college will authorise your child's absence.