



The Children's House

EXCEPTIONAL LEAVE REQUEST FORM

Full Name of Child (ren): _____

Class (es): _____

Dates requested:

Explanation of exceptional circumstances:

Signed: _____ Parent: _____ Date: _____

Signed: _____ Parent: _____ Date: _____

FOR OFFICE USE ONLY

Seen by Headteacher: _____

Comments:

Authorised/Unauthorised: _____ Date: _____

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