

**MILTON KEYNES COUNCIL  
APPLICATION FOR PUPIL'S LEAVE OF ABSENCE**

I request leave of absence for my child:

NAME: ..... HOMBASE: .....

FROM: .....

TO: ..... Total number of school days: .....  
(inclusive dates please)

PURPOSE: .....

Signature of Parent/Guardian: ..... Date: .....

This form should be completed by the Parent/Guardian and forwarded to the Headteacher **in advance** of the absence required. The second part of the form will be returned to you giving the appropriate authorisation. Save in exceptional circumstances a pupil shall not be granted more than 2 weeks (10 school days) leave of absence in any school year (September to August).

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NAME: .....

HOMEBASE: .....

Leave of absence is / is not authorised

FROM: .....

TO: ..... (inclusive dates)

REASON: .....

Signature of Headteacher: ..... Date: .....

Please contact the Headteacher if you would like to discuss this further.