

**NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION DEPARTMENT**

REQUEST FOR LEAVE OF ABSENCE

SCHOOL:	ROWAN GATE PRIMARY SCHOOL	
PUPIL(S)		
I request permission for my child(ren) to take time out of school on the following day(s):		
FROM:		
TO:		
REASON FOR ABSENCE:		
PARENT'S SIGNATURE:		Date:
Office use only		
AUTHORISED:	<i>Head's signature:</i>	Date:

SW4
Admin/Pupil/Leave of Absence doc.

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