



Longfield Academy  
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**Chief Executive:** Mr D Judson, Bed, NPQH  
**Headteacher:** Mrs A Sweeten, BA (Hons) MA, NPQH  
**Deputy Headteacher:** Mr S Rawle, BA (Hons), MA

## Leave of Absence Request Details

It is expected that this Request for Absence Form is submitted to the academy at least 4 weeks in advance of the proposed absence.

Pupil name:		D.O.B:	
Address:			
Class / Form:			
Start date of requested leave:		End date:	
Return to school date:		No. of days:	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider? <b>Please provide evidence E.g. Note from employer / medical letter etc.</b>			
Name of parent / carer (print):			
Signature:		Date:	

### C. For School Use

Current attendance %:		
Previous LOA this academic year:		
Does the LOA request time coincide with Assessment/Exam periods		
Any mitigating / aggravating circumstances (Including any ongoing medical issues):		
What evidence has been provided? (attach)		
Child's current / potential level of attainment?		
Is the LOA approved?	<b>YES</b>	<b>NO</b>
Reason, if not approved:		
If <b>YES</b> - Number of days to be authorised for this LOA application:		
Signature of Head Teacher:		Date:
*Register Code to be used for this LOA:		