

## Dixons Allerton Academy - Reason for leave during term time

To: D Carr (Head of Secondary) / A Metcalfe (Head of Primar	ry) Date :
I request consideration of a grant of leave of absence from sc	hool during term time for :
My child (full name)	Reg Group
For the period from (date)	To (date)
Please state your destination	
The exceptional circumstances and reason for this request are	
Siblings (if applicable)	
My child (full name)	Reg Group
My child (full name)	Reg Group
My child (full name)	Reg Group
(Signature of 1st parent/carer(s) Prin	nt Name
(Signature of 2 <sup>nd</sup> parent/carer(s)Prir	nt Name
Please return completed form to the school reception. The sc the decision on whether the request is authorised or not.	chool will write to you and inform you of
	A
FOR OFFICE USE ONLY	
Request for leave is agreed/is not agreed for the above stude	nt to take leave during term time
between the above dates	
Rationale to decline request	
Signed Date	



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