

REQUEST FOR EXTENDED LEAVE

Before filling in this form, please refer to DE Circular 2026/15 which explains the J code and the circumstances when it may be used.

****Please note DE recommend that the 'J' code is used for a maximum of 2 weeks****

School Name	
School Reference Number	
School contact number	
Email address of inputter	
Pupil Name(s)	
Proposed start date of Extended Leave	
Proposed end date of Extended Leave	
Reason for Extended Leave	If selecting 'other' from the list please provide details below:
Have you given due consideration to the following: <i>(Please ensure all considerations have been documented and retained)</i>	
Safeguarding concerns/child protection issues	Yes Not Applicable
Any SEN issues	Yes Not Applicable
EA Services involved	Yes Not Applicable
Attending another school whilst away	Yes Not Applicable
Has extended leave been approved for this pupil this year or in previous years?	Yes No (if so, provide date of last approval) _____
Name of parent / carer:	
Relationship to pupil(s):	
Contact number during absence:	

Email address:	
Approval granted by the school:	Yes No
Extended Leave Start Date:	
Extended Leave End Date:	
Reason for decision:	
Signature of Principal/Senior Management Team:	
Confirmation that parent / carer has approved:	Yes No
Designated staff contact:	
Phone No:	
Email address:	
Evidence of reason for application	Please attach pdf documents or add notes (e.g. Doctor's letter; letter from passport office; letter from school which child may be attending in other country)

Please ensure a copy of this form is provided to the pupil's parent / carer and a copy is kept on the pupil's file. A copy of this form and supporting documentation should be sent to: attendance@education-ni.gov.uk.

*****All data contained on this form will be stored in accordance with GDPR*****