



'Enabling every child to fulfil his/her potential in a nurturing Christian environment.'

LEAVE OF ABSENCE REQUEST

I have parental responsibility for the following student and I am requesting authorisation for them to be absent from school as detailed below:

NAME OF STUDENT: _____ CLASS: _____

ABSENT DATES: FROM ____/____/____ to ____/____/____ (Inclusive) TOTAL DAYS ABSENT: _____

PLEASE PROVIDE THE REASON THIS ABSENCE IS BEING REQUESTED:

SIGNED: _____ (PARENT/ CARER) DATE: _____

(PARENT/ CARERS PLEASE ALSO COMPLETE YOUR PART OF THE REPLY SECTION BELOW)

LEAVE OF ABSENCE REPLY

NAME OF STUDENT: _____ CLASS: _____

ABSENT DATES: FROM ____/____/____ to ____/____/____ (Inclusive)

HEADTEACHER'S DECISION

YOUR REQUEST IS AUTHORISED ON THIS OCCASION

YOUR REQUEST IS NOT AUTHORISED ON THIS OCCASION BECAUSE*:

** Parent/ Carer may receive a Fixed Penalty Notice if you take your child out of school*

SIGNED: _____ DATE: _____

(If not the Headteacher's signature, then the person signing this form is authorised to do so.)

Copies to: Parent/ Teacher/ Attendance File