

HALFWAY NURSERY INFANT SCHOOL

REQUEST FOR AUTHORISATION OF ABSENCE DUE TO HOLIDAY IN TERM TIME OR OTHER REASON

Pupil's Name _____ Class _____

Absence requested from _____ to _____

Number of days absence _____

Reason for absence request _____
(e.g. family holiday)

Signed (Parent/Carer) Date _____

Please note: that absence will only be authorised when there is a good attendance record of **90% or over** unless there are exceptional circumstances and **that the law does not permit us to authorise holiday absence beyond ten school days during the school year.**

Office use only

Request seen by Headteacher Yes / No

Absence Authorised Yes / No / Parent Advised

Current attendance%

Signed..... Date

The Headteacher will consider the following points before authorising leave:

- 1 The child's previous attendance history
- 2 The time of year
- 3 The nature of the absence (e.g. an exceptional experience, family bereavement etc)
- 4 Holiday already taken/granted within current academic year
- 5 Whether the parents are restricted in terms of leave from their employer

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To the parent/Carer of..... Class

Absence from to

has been authorised by the Headteacher