

LEAVE OF ABSENCE REQUEST FORM

Form to be returned to the school office with a minimum of two weeks notice

Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances. Where requesting an absence for more than one child please complete a separate form for each child.

Name of Pupil	Address
Date of birth	
Class	
Please detail below the exceptional circumstance why you are requesting to take your child out of school. You may be invited into school to discuss your request with Mr Hill – Assistant Headteacher with responsibility for attendance. (Please attach any supporting evidence)	
Leave of absence from date: _____ to date: _____ Number of schools days that your child will be absent from school _____	
Signature Name of Parent/Carer requesting absence Relationship to child	Date

Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to the Education Welfare Officer for consideration which could result in a Penalty Notice.

For School Use

Any previous requests for leave of absence?	
Current attendance %	
Has evidence provided for exceptional circumstance?	
Has a meeting been arranged with parent/carer? Date and time:	

Is request authorised or unauthorised? _____ Parent notified (date) _____

Request considered by _____ Date _____