STONY DEAN SCHOOL

Specialist SEN College for Communication and Interaction

Orchard End Avenue Pineapple Road Amersham HP7 9JW Telephone: 01494 762538/762007 Fax: 01494 765631 Email:office@stonydean.bucks.sch.uk

APPLICATIO	ON FOR LEAVE OF ABSENCE
Section 444: Education Act 1996 states compulsory aged child attends regular	s that parents have a legal obligation to ensure that their ly.
Please note: Parents are expected to ta absence will only be granted under exc	ake family holidays during School Holidays and leave of ceptional circumstances.
Parents who do take their children on H school, may be fined under section 23 d	holiday during term time without prior authorisation by the of the Anti-Social Behaviour Act
Name of Pupil:	Date of Birth:
Address:	
	Governing Body for my child to be granted Leave of Absence
from: to:	(proposed dates of absence)
Please give details and reasons for the	proposed absence:
Signature of Parent / Guardian:	Date:
proposed period of absence. Parents a teacher before submission. The Headte	ted to the Headteacher not less than one month before the are strongly advised to discuss the application with the class eacher will carefully consider your request and may take your t. If permission is refused, any absence for the above period
⊱	
LEAVE OF ABSENCE REQUEST – RESPO	ONSE FORM
Dear	Pupil Name:
Please note that on this occasion I have	e been able/unable to authorise this request for absence.

Dates from ______ to ______ _____ Date: _____

Signed:	

Pauline Dichler - Headteacher