

Leave of Absence Request

Please be aware that under new Government guidelines the school is no longer able to authorise leave for holidays. The school is also required to notify the Local Authority when holiday is taken during term-time.

Leave Request Details

Pupil's Name:		Class:	Year Group
Address of parent making reques	t:		
First date of absence:	(Day, month, year)	Return d	late to school
Purpose of Leave:			Total number of days requested:
	ces as to why the leave		ease use overleaf if you need additional space quested during term time. If the leave is for a
(Please continue overleaf if required)			
Please indicate if a request has all Name:		older sibliof Birth:	lings at other schools: School (eg. John Port School):
iname.	Date	OI DITUI.	School (eg. John Port School).
Parent / Carer Signature			Date:
•	student's parent/guardia		rned to the school office a minimum of two
			he chart below and returned to you once a me, please contact the school office:
School use only			·
Current Attendance Percentage			
Are there any exceptional circuit			
Number of previous unautho	rised absences with	in the las	it 12
months:	d Agrood/NotAs		
Decision and code to be use			
Will a referral be made for a	rixed reliaity Notice	j (