

St Matthew's RC Primary School

Leave of Absence Form

**PARENTAL REQUEST FOR LEAVE OF ABSENCE FROM SCHOOL
DURING TERM TIME**

You should be aware that any absence from school, for whatever reason, will potentially have a detrimental effect on your child's learning and progress.

Authorisation will only be granted in **EXCEPTIONAL CIRCUMSTANCES**.

Should you wish to apply for your child's absence from school you are requested to complete the section below and return the form at least 1 month prior to the planned absence to Mr Humble, Headteacher.

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NB: Requests received within a month of the planned absence are likely to be refused.

PUPIL NAME:	YEAR GROUP:
ABSENCE REQUESTED FROM:	TO:
*REASON FOR THIS REQUEST:	

I request permission for my child to be absent from school on the above dates. I understand that this absence will disrupt my child's learning. I will ensure that my child returns to school immediately after the agreed last date of absence.

SIGNED (Parent/Guardian):	DATE:
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For School use only:

Date received:			
Attendance percentage to date over the last 3 years:	Year 1	Year 2	Year 3
Previous requests: (Please delete as appropriate)	Year 1	Year 2	Year 3
	YES/NO	YES/NO	YES/NO
Request approved/denied:			
Date parent(s) informed of decision:			
Signed:		Date:	