

LEAVE OF ABSENCE REQUEST FORM – ETCHELLS PRIMARY SCHOOL

Section A – To be completed fully by Parent / Guardian

(Please complete a form for each individual child wishing to be granted leave)

Name of Child:		
Class:		
Name of Parent:		
Address:		
Start Date of Proposed Leave:		
End Date of Proposed Leave:		
I have read the information regarding Term Time Holidays and Leave of Absence on the reverse of this form		YES / NO
I am aware that only exceptional or special circumstances can lead to authorised absence		YES / NO
I am aware that the price of a holiday / flights will not constitute special or exceptional circumstances		YES / NO
Reason for Request:		

Signed: _____ Parent / Carer Date: _____

Section B – To be completed by School

Date: _____ Pupil's Current % attendance: _____

The request may be deemed special / exceptional circumstances and on this occasion is approved. Please note that this does not set a precedent for future requests being authorised.	ABSENCE APPROVED
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The request does not meet the guidelines for special / exceptional circumstances and is not approved. If taken the absence will be unauthorised and may be subject to a fine from the Local Authority.	ABSENCE NOT APPROVED
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Cathy Beddows,
Headteacher