



Head Teacher: Gillian Powe
Deputy Head Teacher: Joe Emissah

Application for Special Leave of Absence
(All applications must be submitted at least 10 school days prior to absence)

Child's Name: Teacher:

I/We wish to apply for my child/children to miss their statutory entitlement to learning on the following dates:

From: To: or On:

The reason for this application is:

.....
.....

Signature: Date:

Notes:

1. Regular attendance at school is essential.
2. Legislation requires that all children should attend school for 190 days per year and schools are required to keep registers of attendance with notes of explanation for absence.
3. It is only the Head Teacher, not parents, who is empowered to authorise absence.
4. Only exceptional circumstances will be authorised.
5. This form should not be used for holiday, illness, medical or dental appointments.
6. Leave of absence cannot be granted for shopping in school hours, birthday parties, or visits to the cinema or theatre.

Special leave taken previously: **Attendance %** **Parent Phoned:** **Slip Returned:**

Received: Authorised / Not Authorised:

Head Teacher: Date:

Application for Special Leave of Absence

Name: Date:

Your request for the following date has been Authorised / Not Authorised

