**Request for Leave of Absence**

PARENTAL REQUEST FOR

PUPIL ABSENCE FROM SCHOOL

Parents should be aware that any absence from school, for whatever reason, would have a detrimental effect on the child’s learning and progress.

Only in **EXCEPTIONAL CIRCUMSTANCES** should parents apply for their child’s release from school for **ANY REASON**.

Should this be necessary, please complete the form below and return it to your child’s school address

*No later than* ***8 weeks*** *prior to the essential absence*

Pupil’s Name: Form:

Pupil Date of Birth:

Absence requested from (start date): To (end date):

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 and I will ensure that my child completes all work that they miss as a result of their absence. I understand that if my child misses an external examination through absence I will be required to pay for the examination fees.

**I am aware that my child will be removed from school roll if he/she is out of school for more than 20 consecutive days, and details of any holiday taken will be passed on to the Education Welfare Service.**

Parent 1/carer 1 full name: Parent 1 / carer 1 relationship to child:

Parent 1 / carer 1 date of birth: Parent 1 / carer 1 phone number:

Parent 1 / carer 1 address and postcode:

Parent 2/carer 2 full name: Parent 2 / carer 2 relationship to child:

Parent 2 / carer 2 date of birth: Parent 2 / carer 2 phone number:

Parent 2 / carer 2 address and postcode:

Signed (*Parent/Guardian*): Date:

**For school use only**

Date parents informed of decision:

Signed:

Request approved/denied: APPROVED DENIED

Previous requests:

Attendance percentage to date:

Date received:

Y13

Y12

Y11

Y10

Y9

Y8

Y7

Y13

Y N

Y12

Y N

Y11

Y N

Y10

Y N

Y9

Y N

Y8

Y N

Y7

Y N

***COPY TO CPOMS***