



Headteacher Mr C P Gabbett



APPLICATION FOR LEAVE OF ABSENCE OF SCHOOL CHILD TO ACCOMPANY
PARENTS TO AN EVENT OTHER THAN A HOLIDAY

Authorised leave of absence from school may only be granted by the Headteacher / Governing Body BEFORE the holiday commences. When completing this form you are requested to consider the dates carefully.
The first two weeks of the Autumn term AND the first three weeks in May should be avoided.
Except in exceptional circumstances, leave of absence may not exceed 10 school days in any academic year.
(September - July).

Please complete this form and return it to the school at least two weeks before the proposed period of absence.

Name of child(ren) _____ Class _____

_____ Class _____

I wish my child(ren) to be absent from _____ (first day)

to _____ (last day)

to _____

(Please state reason)

Signed _____

Date ___/___/___

(Parent / Guardian)

This portion to be retained by the school.

This portion to be returned to parent/guardian

St. Margaret's C of E Junior School

Name of child(ren) _____ Class _____

_____ Class _____

Absence from school approved from ___/___/___ to ___/___/___

Signed _____ Headteacher