

REQUEST FOR LEAVE OF ABSENCE



Sedgefield
Community
College

Date:

Dear Head Teacher

I/we request leave of absence for my son/daughter:

First day of absence date: Return date (in School):

REASON FOR LEAVE OF ABSENCE

Please give full details:

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.....
.....

Parent/Guardian address for reply:

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.....
.....

Parent Signature:

Pupil's Name:

Form:

Request: Granted

Not Granted

.....(HEAD TEACHER)

PLEASE NOTE THE FOLLOWING:-

Headteachers may not grant any leave of absence during term time unless there are exceptional circumstances. Headteachers should determine the number of school days a child can be away from school if the leave is granted

Absence for which Leave of Absence is not applied for **or** not granted, will have to be treated as 'Unauthorised Absence'

For office use only

Current attendance.....%

Previous years attendance.....%

Previous holidays taken in school year.....days

Absence Authorised/Unauthorised