LEAVE OF ABSENCE FROM SCHOOL



To be completed by Parent/Carer/Guardian (one form to be completed for each child)							
Name of Pupi	:				DOB		
School:					Year/Class:		
Your request will be considered by the Executive Headteacher, Head of School and Attendance Panel. Please note all requests will be judged on an individual basis. We reserve the right to request additional information if required. But any leave of absence can only be approved in exceptional circumstances.							
Dates for requested leave of absence: From							
Number of days that have been requested:							
Please give brief reasons for your request for the leave of absence.							
Parent(s) Name:							
Address:							
Is there any other parent living at this address? Yes*/No *If yes Name:							
Signature(s)Date							
Name and address of any non-resident parent							
Is there a sibling at another school within The De Curci Trust? If yes, please complete:							
Sibling Name(s)							
School(s)					/ear/Class		
To be completed by School							
Date received by school: %Attendance current year: %Attendance last year							
Leave already taken this academic year (dates and codes)							
Leave taken last academic year (dates and codes)							
Your request for leave of absence has/has not been approved for the following reason(s):							
Everytive Headtonsher/Head of School Signature:							
Executive Headteacher/Head of School Signature:							
The code placed in the	С	G	Н	0	Р	R	
register will be: (please circle	Performance (licence	Unauthorised	Authorised Leave	Unauthorised	Approved sporting	Religious	
relevant code)	required) /Exceptional	Leave of absence	of absence	(other reason)	activity	observance	