

Leave of Absence Request Form

feel that your request for your child's absence fits these criteria, please complete the form below and return to Mrs Chappell. Please note this should be done at least one month in advance.			
Child's Name:			
Proposed Absence dates:	(From)		
	(To)		
Total Number of missed sch	nool days:		
Please write below a full ex	planation of why you a	re requesting this abse	nce:
Please write how you inten	•	•	<u> </u>
absence:			
Signed:	Name of Pare	nt:	Date:

You shall receive a reply from Mrs Chappell within one week for either Authorised Absence <u>or</u> Unauthorised Absence. Should it be the latter and you choose to remove your child from school during the period request, Mrs Chappell may contact the Local Authority to report such absence.