

HOLY TRINITY ROSEHILL (VA) C.E. PRIMARY SCHOOL

Request for leave of absence during term time

Our school has an Attendance Policy which is available on request.

Child's Name:

Class:

Year Group:

Proposed days / half days of absence: to, a total ofdays / half days.
or a.m. / p.m. session (as appropriate)

Please give detailed reasons for the leave of absence request, in term time: (why you believe these are exceptional circumstances, please continue to use the back of this form if required)

If applicable, both Parents/Carers sign the below.

Signature: Relationship to child: Do you live at the same address as your child?

Signature: Relationship to child: Do you live at the same address as your child?

Date:

For school use

Previous leave of absence sessions unauthorised:

I am able to authorise the absence

Signature: _____

Date: _____

I am unable to authorise the absence as the reasons given are not considered to be 'exceptional circumstances'

Signature: _____

Date: _____

