

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

*Providing an education of the highest quality within the context of Christian belief and values
Promoting creativity across the curriculum*

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 detail the reason for the request of leave of absence in term time: (why you believe these are exceptional circumstances)

Signature of parent / carer: _____ Date: _____

For school use

| | |
|--|--|
| Previous leave of absence sessions authorised: | |
| Previous leave of absence sessions unauthorised: | |
| Current attendance rate: | |
| Previous academic year attendance: | |

I am able / unable to authorise the absence of

for the period to, a total ofdays / half days.

Reason for decision (if unauthorised):

| | |
|---|---|
| <input style="width: 60px; height: 20px;" type="checkbox"/> | Start of academic year |
| <input style="width: 60px; height: 20px;" type="checkbox"/> | Test period for year group |
| <input style="width: 60px; height: 20px;" type="checkbox"/> | Concerns over attendance rate |
| <input style="width: 60px; height: 20px;" type="checkbox"/> | Reason given not considered to be 'exceptional circumstance'. |

Signature: _____

Date: _____

