



Leave of Absence Request Form

Name of Pupil(s): Class

I wish to request authorisation for my child to be absent from school from:

..... to (please enter dates)

He/she will return to school on (please enter dates)

The total number of days absence requested is

Please provide below, the reasons/exceptional circumstances for the absence:

.....
.....
.....
.....

The **Education (Pupil Registration) (England) (Amendment) Regulations 2013** state that Headteachers should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

I acknowledge that by taking my child out of school, there may be an impact upon his/her education due to them missing out on key lessons and activities during this period of absence.

I take responsibility for the above and agree to support my child in completing any work missed at school.

Parent / Carer Name (Print & Sign):

Parent / Carer Name : (Print & Sign) :

Date:

Please return this form 'For the attention of Mr Newton' to Mrs Stevenson via Reception or return it by email to reception@spsp.org.uk

Leave of absences which have not been agreed due to exceptional circumstances will be marked as unauthorised absence and may be referred to the Local Authority Attendance and Inclusion Team if attendance is below 90%.

Please see the School Attendance Policy available on our website and upon request from Reception, for further information.

For office use only: (please do not tick below):

Authorised

Unauthorised