



This form is to be completed for SHORT (no longer than 3 days) Leave of Absence

Child's name: _____ Class: _____

Reason for request: Religious day* _____ *Doctors/ *Hospital appointment _____

*Other - please specify _____

If the absence is due to medical / passport renewal – evidence must be provided or the absence will be unauthorised.

Absence dates: (from) _____ to _____

Date my child will return to school: _____ Total of school days requested: _____

Signed Parent / Carer _____ Date _____

Office Use Only:

Date Received:

Previous absences: YES /NO

Dates & reasons:

Year Group _____

**%
attendance**

Last academic year _____

Present _____

Leave Authorised _____

NOT authorised _____

Which zone is your child in?

WHAT IS GOOD ATTENDANCE?					
190 days	180 days	178 days	163 days	161 days	143 days
100%	95%	94%	86%	85%	75%
Good  Only 1-2 day missed per term		Worrying  Between 3-8 days missed per term		Serious Concern  More than 9 days missed per term	

Parents and carers have the legal responsibility to ensure that a child attends school regularly and arrives on time. Absence taken during school time can have a negative impact on a child's education.

Signed: _____

Miss Odedra - Headteacher

Date: _____

