

St Wilfrid's C of E Primary Academy

Rectory Lane, Standish, Wigan WN6 0XB

Tel: 01257 423992

LEAVE OF ABSENCE REQUEST FORM

A request for absence **MUST** be made at least a minimum of six weeks before leave.

PUPIL DETAILS

Name: _____

Class/Teacher: _____

DATES OF REQUESTED ABSENCE

From (first date of absence): _____

To (last date of absence): _____

Total number of school days: _____

Reason for absence: _____

I understand that keeping my child off school for any longer than agreed or if my request is not granted, will result in the absence being recorded as Unauthorised. This may result in action being taken against me for Non School Attendance.

Parent/Guardian name: _____

Signature: _____

Date of request: _____

The Head Teacher will consider the following points before authorising leave:-

- The pupil's previous attendance history
- The age of the pupil
- the child's stage of education
- time of the year (SATS/Exams)
- The nature/reasons for the absence

Office use only

Seen by: _____ % Attendance: TY: _____ LY: _____

TY No of days to date: _____ Total No TY: _____

Agreement: Yes/No Date letter sent: _____ type _____ Entered on register _____

