



St Michael's CE Primary LEAVE OF ABSENCE REQUEST

SCHOOLS MAY **NOT** GRANT ANY LEAVE OF ABSENCE UNLESS THERE ARE EXCEPTIONAL CIRCUMSTANCES FOR THIS ABSENCE. (A family holiday will NOT be considered exceptional circumstances.)

I, the undersigned, being the parent or guardian of:

NAME OF CHILD:

CLASS

ADDRESS.....

.....

Desire that he/she be granted leave of absence from school from:

1st day of absence:
DD/MM/YY

Returning to school on:
DD/MM/YY

Number of school days absent:

Please outline in the box below the reason surrounding your request for leave of absence:

Signature of Parent/Guardian:

Date:

FOR OFFICE USE ONLY - REPLY SLIP

Pupil's Name Class

1st day of absence

Returning to school on

Number of days absent

Is authorised C in register

Is not authorised G in register

Signed: _____
Attendance is currently _____ %

(Headteacher)

Date: _____



NCEA St Michael's C of E Primary School

Howling Lane
Alnwick
Northumberland
NE66 1DJ