



Saxilby Church of England Primary School

Application for a pupil's leave of absence during term time

To: Mrs C Stratton

Date: _____

Name of Child: _____ Class: _____

I would like to take my child out of school for _____

From: _____ To: _____
(first day of school absence) (last day of school absence)

Please give reasons why you wish your request to be considered:

Signed: _____ Print Name: _____ Parent/Carer

Please note:

- Absence from school can be authorised only by the headteacher
- Absence not approved by the school in writing and in advance will be recorded as unauthorised
- Requests for leave of absence during tests week will not be authorised

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE

To: Parent / Carer of : _____

- Your request is approved and absence is authorised
- Your request is not approved. If your child is absent as proposed above it will be recorded as unauthorised.

Signed: _____ Headteacher Date: _____