

For Office use only	
Current Attendance:	_____
Date Received:	_____
Date Returned:	_____
Recorded on SIMs:	Y: <input type="checkbox"/> N: <input type="checkbox"/>
In School Diary:	Y: <input type="checkbox"/> N: <input type="checkbox"/>



Executive Headteacher: Mrs. K. Coates
 Head of School: Miss. P.Candish
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Opening up the world for our children and families.

APPLICATION FOR LEAVE OF ABSENCE

Please note that requests will only be authorised in exceptional circumstances.

I wish to apply on behalf of (Name) __/__/____ (DOB)

in (Class)

For leave of absence from school forschool day(s)

From..... to

Please explain why this absence could not have been arranged out of school time.

The exceptional circumstance is:-

I am aware of the school's Attendance Policy and appreciate that should leave be taken after permission has been withheld then this will be recorded as unauthorised absence. Persistent unauthorised absence may result in the involvement of the Education Welfare Officer.

I understand that if my child is absent for at least 6 sessions (3 days) or more then I may receive a penalty notice for non-school attendance from the Cambridgeshire County Council as per the school's Attendance Policy dated October 2017.

Signed:-..... Parent/Carer

Dated: -

 For Head of School to complete:-

Pupil's name:- Current Attendance this Academic Year (%).....

Under our Policy I am/I am not able to authorise this absence.

.....

Signed..... Miss P Candish Head of School