

Scholes Junior & Infant School

Wadman Road Scholes Holmfirth HD9 1SZ

Tel: 01484 682190 E-mail: scholesoffice@themast.co.uk Web site: www.scholesji.org.uk Headteacher: Mrs L Pugh

APPLICATION FOR PUPIL LEAVE OF ABSENCE

This form has been designed to clarify the process of absence requests. The school is expected to comply with Government guidance by the DfE (Department for Education) and LA (Local Authority). Further information can be obtained from www.dfe.gov.uk.

Extended absences may have a negative effect on your child's education and progress.

	•	,				
Pupil Name					Class	
Pupil Name					Class	
Pupil Name					Class	
Please give details of any school age siblings						
Name of Sibling			School			
			Attended			
Name of Sibling			School			
		T	Attended			
Absent from school date			Back at school date	!		
T						
Total amount of days absent from school						
Please state your reason for the absence request, demonstrate how this leave meets the 'exceptional						
circumstances' and include any supporting documentation:						
The Headteacher will consider the following points before authorising leave:						
1. The child's attendance history						
2. The time of year (Statutory Assessment Tests, or September)						
3. The family circumstances and the parents' reasons for wanting to take their annual family holiday						
during term time.						
4. Employers letter						
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Penalty Notice:						
Where the Headteacher decides that authorisation cannot be given but the absence occurs,						
consideration will be given to the issuing of a Penalty Notice in line with Kirklees Code of Conduct.						
Signed by Parent/C	arer				Date	
Parent/Carer Print	Name					
T drong out of this famo						

A text message will be sent home when your absence request has been processed by the Headteacher.

FOR OFFICE USE ONLY

Office use only:				
Current attendance %				
Number of late marks				
Number of days requested				
Would granting this request mean attendance	Yes: □ No: □			
would fall below 95%				
I DO NOT give permission for the above named pupil/pupils to be absent from Scholes J & I School				
•	ces'. This will be recorded as days unauthorised			
absence.				
I GIVE permission for the above name	pupil/pupils to be absent from Scholes J & I School			
for days for the following 'excep	tional circumstances':			
Signed by Headteacher	Date			
following discussion with Parent/Carer				
Recorded on Attendance Register	Text Parent/Carer			