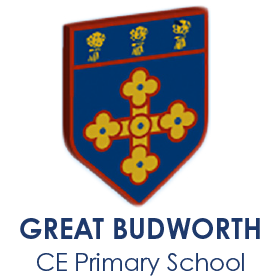
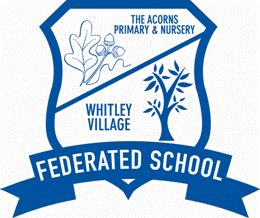
Request for leave of absence: to be completed in conjunction with the Attendance Management Policy



**

|  |  |  |
| --- | --- | --- |
| **Name of School St Bede’s Catholic Primary School** | | |
| **Name/s of Child/ren** | | **Year Group/s** |
| **Do you have any other children in other schools? If yes please write name of child/ren and school.** | | |
| **State reason for absence** | | |
| **First day of absence** | **Total number of school days missed** | |
| **Return date to school** |
| **Signature** (parent/carer) | Date | |
| **Signature** (parent/carer) | Date | |

|  |  |  |
| --- | --- | --- |
| **For School Office Use Only** | | |
| **Current Attendance** | **%** | |
| **Previous Years Attendance** | **%** | |
| **Headteacher’s Decision:** | | |
| **Authorised Absence Unauthorised Absence** | | |
| **Reason for Authorised or Unauthorised Absence** | | |
| **Signed (Headteacher)** | | **Date** |
| **Copied to Parents (Date)** | | **Register Code** |
| **LA informed of absence/fixed penalty requested** | | **Yes/No** |