 **EDWARD FEILD PRIMARY SCHOOL**

REQUEST FOR LEAVE OF ABSENCE INCLUDING MEDICAL APPOINTMENTS

Please complete the form below, and return to the Headteacher at least 14 days before the proposed absence.*.*

I hereby request leave of absence be granted to:

Pupil’s Name: ………………………………………………….. Class: ……………………………...……

From: ……………………………………………………. To: …………………………………………….. (dates)

Please give reason for absence during term time:

If for a medical appointment please give the time of the appointment

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

PRINT NAME of Parent/Guardian...............................................................................................................................

SIGNATURE of Parent/Guardian: …………………………………………………… Date: ……………………….…………

PLEASE NOTE:

Please refer to Attendance Policy

Absence for family holiday will not normally be authorised unless in exceptional circumstance

Dear Parent

This is to inform you that the leave of absence has been granted / refused. for the dates you have requested.

Comment if necessary:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................................

Signature of Headteacher: ………………………………………………………

Date ...................................................................................................................…