

Greenhaugh Primary School



Application for leave of absence of child from school

This form is to be completed by the Parent or Guardian and forwarded to the Headteacher of the school which the child attends, before the period for which leave of absence is desired. A copy will be returned.

I, the undersigned, being the parent or guardian of:

NAME OF CHILD:

ADDRESS:

desire that he/she be granted leave of absence from school (give dates) from:

(1st day of absence)to (last day of absence).....

for the purpose of:-

.....
.....

Signature of Parent / Guardian: Date:

From September 2013, Headteachers **will not be authorising holidays during school time.**

There may be occasions where parents/carers feel that their circumstances are exceptional, being of unique and significant emotional, educational or spiritual value to the child which outweighs the loss of teaching time, or there are other difficult circumstances within the family.

Each application will be considered individually and may need a meeting with the Headteacher.

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Your application for leave of absence of your son / daughter from to
is / is not authorised. Date:

Signed: Mrs Clare Crow, Headteacher