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| **REQUEST FOR LEAVE OF ABSENCE** | | |  |
| Name of School: | **St Wilfrid’s Catholic Primary School** | |
| Name(s) of child / children: |  | | |
| Year group(s): |  | | |
| Reason for absence: | | | |
|  | | | |
| First day of absence: |  | | |
| Return date to school: |  | | |
| Total number of school days missed? | |  | |
| Signature (parent/carer): |  | | |
| Signature (parent/carer): |  | | |
| Date of request: |  | | |

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| For school use only | | | |
| Current attendance % |  | | |
| Previous year’s attendance % |  | | |
| Headteacher’s Decision | | | |
| Authorised Absence | Unauthorised Absence | | |
| Reason for authorising or not authorising absence: | | | |
|  | | | |
| Signed – Headteacher: |  | | |
| Date: |  | | |
| Date copied to parents: |  | | |
| Register Code: |  | | |
| LA Informed of absence / fixed penalty requested: | | Yes | No |