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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 |