**WENDOVER CE JUNIOR SCHOOL**

**APPLICATION FOR PUPIL LEAVE OF ABSENCE**

**I request permission for my child/ren:**

|  |  |
| --- | --- |
| Name(s): | Class(es): |

**to be granted leave of absence for the dates below:**

|  |  |
| --- | --- |
| From: | To (inclusive): |

**Leave of absence is only granted in exceptional circumstances. Routine medical appointments should be made out of school hours. Leave for holiday is rarely granted.**

**The reason for the request is:**

**I confirm that the above information is correct and has not factual omissions. I understand that any authorised absence may be unauthorised at a later date if it is found that I provided inaccurate information.**

|  |  |
| --- | --- |
| **Signature (parent/carer):** | **Date:** |

**OFFICE USE ONLY:**

|  |  |
| --- | --- |
| **Signature (Headteacher):** | **Code:** |

**LEAVE OF ABSENCE REQUEST – RESPONSE FORM**

Child’s name Class:

Date(s) of leave requested:

**This absence request has been accepted providing attendance remains above 95%**

**This absence request has been refused because:**

The absence if for more than 10 days

 Your child has already had one leave of absence request this year

 The requests covers all/part of an internal/external assessment period

 Insufficient notice has been given (10 school days’ required)

 Attendance is less than 95% and/or there are lateness issues

 The reason is not exceptional

 Insufficient reasons for the request have been provided