

St. Mary's and St. Peter's Church of England Primary School

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APPLICATION FOR ABSENCE IN TERM TIME

Parents, you **do not** have the right to take your child out of school during term time. By law you must ask permission for your child to miss school. Good attendance leads to improved outcomes for your child.

If you would like to apply for permission for your child to be absent from school you must complete this form and return it to the school for authorisation at least 10 school days in advance of the proposed leave.

PARENTS SECTION	ON (to be com	oleted fir	rst)							
Surname of Child				Fir	rst Name					
Date of birth				Ye	ear Group					
Surname of Parent/Carer				Fir	rst Name					
Address of Child										
Postcode				Те	elephone N	lo.				
Information about the request for your child's leave of absence	Reason for the absence in ter	m time		•		1				
	Would (s)he miss any national tests or examinations?							Yes		No
	Is the requested absence during the month of September? Would (s)he be absent for more than ten school days? Has (s)he already had leave during term time this year?							Yes	1	No
								Yes	i	No
								Yes		No
								Yes		No
	If your child has had absence during term time approved during this school year please state the number of days previously agreed.									
Length of absence		From				To				
(school days) Parent/Carer signatu	re	(date)				(date)				
Fareni/Carer signatu	16									
For school use only –	The cost, conve	nience or	availability of a holiday	must n	not be taken	into con	sideration			
Does the absence requested occur in September?									Yes	No
Does the absence occur during a period of national tests or exams Is the child's attendance below 90% or an individually agreed target?									Yes Yes	No No
If this request is approved will the child's absence exceed 10 days this school year?									Yes	No
Has the child had 2 days absence this year for religious observance?									Yes	No
Signed:					ABSENCE APPROVED				NO	YES













