

Venerable Bede CE Academy

PARENTAL REQUEST FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

You should be aware that any absence from school, for whatever reason, will potentially have a detrimental effect on your child's learning and progress.

Authorisation will only be granted in **EXCEPTIONAL CIRCUMSTANCES**.

Should you wish to apply for your child's absence from school, you are requested to complete the section below and return the form to Venerable Bede CE Academy at least **1 month prior to the planned absence** marked for the attention of Mrs H Thompson (Attendance & Inclusion).

NAME OF PUPIL(S):	YEAR:	TUTOR GROUP:				
ABSENCE REQUESTED						
FROM: TC):					
REASON FOR THIS REQUEST:						
If required, please continue on another sheet and attach to this form.						

I request permission for my child to be absent from school on the above dates. I understand that this absence will disrupt my child's learning. I will ensure that my child returns to school immediately after the agreed last date of absence and that all work missed will be completed.

SIGNED:______(Parent/Carer)

DATE: _____

For School Use Only:

Date Request Received:							
Attendance percentage to date:	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10</u>	<u>Year 11</u>		
				1			
Previous	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10</u>	<u>Year 11</u>		
requests:	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO		
Date of Meeting with Head of School:							
Request Approved Request Declined							
Signed: (Head of School)							
Date:							
Date letter sent to parents/carers informing of decision:							
Signed:	Signed: (Attendance & Inclusion)						
Date:							