



Ancaster
Church of England Primary School

REQUEST FOR ABSENCE DURING THE SCHOOL TERM

Name of child/children

Child's Teacher

I request permission for the above named child/children to be kept off school for the following reason:-[Please tick]

Holiday

Medical Appointment

Other (please specify)

I understand that absence during term time is discouraged and holidays, unless in exceptional circumstances, will not be authorised. As I am requesting to keep my child off school, there is no obligation on behalf of the staff, to set work for my child.

The absence requested is from _____ to _____ which is a total of _____ school days.

Parent/Carer's Signature: _____ Date _____

Print name: _____

Dear _____ Date _____

Thank you for your Leave of Absence during term time. I can confirm that this absence will be classified as:

- Authorised _____ days. (A total of _____ authorised absences have now been recorded)
- Unauthorised _____ days for the following reason:-
 - 1. Application received after event
 - 2. Application does not qualify for exceptional circumstances

Signed: _____ [Headteacher]