



**Gorran Primary School
PUPIL ATTENDANCE**

Leave of absence request

FORM TO BE RETURNED TO SCHOOL WITH A MINIMUM OF TWO WEEKS NOTICE

Absence may be granted where ‘exceptional circumstances’ are demonstrated. Please ensure you detail below the ‘exceptional circumstances’ for requesting to take your child out of school and attach supporting documents where appropriate.

Name of Pupil:	Date of Birth..... Class/Tutor Group.....
Leave of absence requested from date:..... to date.....	
Number of schools days that your child will be absent from school:	
Do you have a sibling request in another school? If so, please state which school:	
Reason for leave of absence request (please detail the exceptional reasons why are you requesting to take your child out of school). Continue on a separate sheet if necessary:	
Name of Parent /Carer:	
Signature:	Date:

Absences which have not been agreed will be marked as unauthorised absences; these may be referred to the Local Authority for consideration of a Penalty Notice or other action.

For School Use: UPN..... Attendance %.....

Previous leave of absence this Academic Year Yes/No* No. of days:

Arrange to meet with parent/carer Yes/No* Authorised: Yes/No

Coding:

C=LOA authorised, H=Holiday authorised, I=illness, M=Medical, R= Religious observance, G=Holiday not authorised,

Headteacher’s signature