

**WESTON ALL SAINTS CE PRIMARY SCHOOL  
REQUEST FOR ABSENCE**



**PLEASE REMEMBER**

Absence from school can seriously disrupt your child's continuity of learning. Not only do they miss the teaching provided on the days they are away; they are also less well prepared for lessons upon their return. There is a consequent risk of underachievement, which together we must seek to avoid. Please ensure that you have read the school's attendance policy.

**This form must be completed and returned to school  
no less than two weeks before the planned absence**

Child's Name .....Class : .....

I would like to take my son/daughter out of school:

Dates: From.....to.....

The absence is because:.....  
.....  
.....

Signed : .....(Parent/Guardian) Date : .....

Relationship to Child : .....

Authorised by : .....( Headteacher) Date : .....

.....

Dear Parent/Guardian

CURRENT ATTENDANCE %
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RE: ..... (Child's Name) Class : .....

Further to your recent request for leave of absence.

**Leave of absence authorised** between .....and .....  
Please ensure that your child returns to school promptly following the planned absence as failure to do so can result in their removal from the school roll.

**Leave of absence refused.** Any absence from school between .....and ..... will be marked as unauthorised and referred to the Children Missing Education Service who may issue a Penalty Notice of up to £120 (S.444(1) Education Act 1996).

Signed : .....(Headteacher) Date : .....