Chellaston Infant and Junior School
REQUEST FOR LEAVE OF ABSENCE FORM

Please **complete all shaded boxes on this form**

Name of Child(ren)	Class

Other siblings at Chellaston Academy Please delete as required	Other siblings at Chellaston Infant School Please delete as required	Other siblings at Chellaston Junior School Please delete as required
Yes / No	**Yes / No**	**Yes/No**
Parent/Carer 1 Name	**Parent/carer address if different from child**	**Parent 1 Phone Number**
Parent/Carer 2 Name	**Parent/carer address if different from child**	**Parent 2 Phone Number**

Date(s) of Proposed Absence	No. of school days missed
From…………………………………….. **To**……………………………………..	

Please indicate the reasons for this absence. If this is for a holiday, please indicate why this holiday could not take place in the course of the normal holiday pattern (please see the attached – guide for parents before writing your reasons)

Signature of Parents/Carers with Legal Responsibility for the Child (please use an electronic signature where possible – we will send this back to you for signing if not)	Date	If this request is for a term time holiday, I confirm that the holiday has been…	
		booked	Not booked

Please return this form to school <u>before any booking is made</u> if this is for a holiday to be taken during term time

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FOR OFFICE USE ONLY

Child(ren)'s name(s)	Attendance percentage

	Authorised	**Not** Authorised	Further Information	Parent Informed	Register Input
THIS <u>ABSENCE REQUEST</u> IS					
Reasons for the decision*					

	Name	Signed	Date
Head teacher			