Chellaston Infant and Junior School REQUEST FOR LEAVE OF ABSENCE FORM





Please complete all shaded boxes on this form

Other stblings at Cheliaston Academy Placase delete as required Yes / No Yes / No Parent/Carer 1 Name Parent/Carer 1 Name Parent/Carer 2 Name Parent/Carer 2 Name Parent/Carer 3 No. From Parent/Carer address if different from child Parent/Carer 2 Name Parent/Carer 3 No. of School days missed Prom To. Placase indicate the reasons for this absence. If this is for a helidary, please indicate why this heliday could not take place in the course of the normal heliday pattern (please see the attached – guide for parents before writing your reasons) Signature of Parents/Carers with Legal Responsibility for the Child Responsibility for the Chil	Please delete as required Yes / No Parent/Carer 1 Name Parent/Carer address if different from child Parent/Carer 2 Name Parent/Carer address if different from child Parent/Carer 2 Name Parent/Carer address if different from child Date(s) of Proposed Absence From	Class
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Reasons for the decision*	Reasons for the decision*	
Name Signed Date	Name Signed	Date
Head teacher	Head teacher	