



Swanbourne CE School Leave of Absence Request

Name of Pupil		Year:	
----------------------	--	--------------	--

(This must be submitted at least four school weeks before the proposed absence)

Regulation 8 – Education (Pupil Registration) Regulations 1995				
<i>Having a good education will help to give your child the best possible start in life. If your child is absent for any period, they will miss essential elements of their learning programme. Parents are expected to take pupils on holiday during school holidays.</i>				
Proposed Dates of Absence (inclusive):				
From:		To:		Total days requested
Reason for absence:		(please tick)	Family Holiday	Other
I request permission from the Governing Body of Swanbourne CE School, for my child to be granted leave of absence for the reason/s given below:				
Signed:			Dated:	
Please print name:				
This completed form must be submitted to the Headteacher before the proposed period of absence. It is school policy not to authorise any absence due to family holidays, and all other reasons for absence will be considered individually and on their merits. I can confirm that the information that I have given above is correct and has no factual omissions. I understand that any authorised absence may be unauthorised at a later date if it is found that I have provided inaccurate information and this may jeopardise any future Leave of Absence requests.				
For office use only				
This absence is (please circle)		Authorised/Unauthorised		
Sessions requested on this form		Sessions		
Total attendance to date		%		
Absences to date (Not including this request)		Sessions		
		Authorised sessions		
		Unauthorised sessions		