

STUDENT LEAVE OF ABSENCE REQUEST

To be completed by Parent/Carer (With Parental Responsibility for the child).

All parents/Carers are reminded that they have a responsibility to ensure that their child attends school regularly. The school sets a minimum expectation of 96% for all students.

Parents/Carers are strongly advised NOT to take family holidays during term time. Leave of absence notification forms must be completed.

Please note: Non-urgent medical appointments should not be arranged for during school hours (08:30am-15:00pm). Where this is unavoidable students must attend school before and after their appointments. We do not authorise full day medical appointments.

If you remove your child during Term Time to go on holiday, Salford City Council will issue you with a Penalty Notice.

I request (student name)_____ (Student form)_____ be allowed to be absent from school from the (dates) _____ to _____.

SEND (Special Educational Needs and Disabilities): Yes / No

Other siblings that this request effects are:

Name:_____ Form:_____.

Name:_____ Form:_____.

Medical/ Hospital appointment (Please attach copy of appointment letter)		Family Wedding/ Funeral	
Religious Observance		Approved Sporting/ Educational/ Performing Arts Activity (Please attach a copy of appointment letter)	
Holiday		Other (Please specify reason):	

Please provide further details of the absence below:

Signed: (Parent/ Carer) : _____ Date:_____.

This form must be returned back to Attendance.

For school use only

Current Attendance:_____ %

Absence: authorized / unauthorized (please circle).

Absence code given:_____.

Record on Arbor:

Reply Letter sent:

Principal OR nominated member of staff: _____

Date:_____.

Principal Mrs C Coy