Dear Parent/Carer

The staff and governors of Debden School believe that withdrawing your child from school for holidays can considerably disrupt their education. It means that they will miss aspects of work that will not be repeated - this may leave your child disadvantaged.

**APPLICATION FOR AUTHORISED LEAVE OF ABSENCE FROM SCHOOL**

This form **must** be signed by the Head of School to authorise the absence from school.

I hereby make application for leave of absence from school for my child/children:

Name of child/children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_

Date/dates of absence

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Inclusive)

Number of school days in total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain the exceptional circumstances which make it necessary for you to withdraw your child/children from school over this period.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Parents are reminded that any application for authorised leave of absence from school for more than 5 days in one academic year may result in a home visit being arranged by the local Educational Welfare Officer to discuss the contributory circumstances.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| *for school use*  No of days already taken \_\_\_\_\_\_\_Authorised/Unauthorised Head of School: |